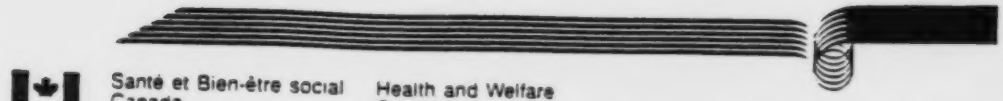

Santé et Bien-être social Canada
Health and Welfare Canada

ANNUAL REPORT 1990 - 1991

on

Health and Welfare Canada's Plan of Action 1990-1995

based on the Nairobi Forward-Looking Strategies for the Advancement of Women to the Year 2000

Canada

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Government of Canada / Gouvernement du Canada

MEMORANDUM **NOTE DE SERVICE**

TO / A: Margaret Catley-Carlson
Deputy Minister/Sous-ministre
Health and Welfare Canada/
Santé et Bien-être social Canada

FROM / DE: Freda L. Paltiel
Departmental Advisory Committee
on the Status of Women/Comité consultatif
ministériel sur la situation de la femme

SECURITY - CLASSIFICATION - DE SÉCURITÉ
OUR FILE – N / RÉFÉRENCE
YOUR FILE – V / RÉFÉRENCE
DATE January/janvier 1992

SUBJECT / OBJET: ANNUAL REPORT 1990-1991
HEALTH AND WELFARE CANADA
PLAN OF ACTION FOR THE
ADVANCEMENT OF WOMEN 1990-1995

On behalf of the Departmental Advisory Committee on the Status of Women, I have the pleasure of transmitting the **first Annual Report** on Health and Welfare Canada's new Plan of Action (1990-1995) based on the NAIROBI FORWARD-LOOKING STRATEGIES FOR THE ADVANCEMENT OF WOMEN TO THE YEAR 2000.

This report reflects the progress achieved by the Department at end of March 1991, towards implementation of the over one hundred and seventy specific initiatives contained in this five-year Plan of Action.

RAPPORT ANNUEL 1990-1991
SANTÉ ET BIEN-ETRE SOCIAL CANADA
PLAN D'ACTION POUR LA PROMOTION
DE LA FEMME 1990-1995

Au nom du comité consultatif ministériel sur la situation de la femme, j'ai le plaisir de vous transmettre le **premier Rapport annuel** sur le nouveau Plan d'action de Santé et Bien-être social Canada (1990-1995) inspiré des STRATÉGIES PROSPECTIVES D'ACTION DE NAIROBI POUR LA PROMOTION DE LA FEMME JUSQU'À L'AN 2000.

Ce rapport expose les progrès accomplis par le Ministère jusqu'à la fin de mars 1991 en ce qui concerne la mise en oeuvre de plus de cent soixante-dix initiatives s'inscrivant dans ce plan quinquennal.

Freda L. Paltiel

Chair/Présidente

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ANNUAL REPORT
1990 - 1991

HEALTH AND WELFARE CANADA
PLAN OF ACTION 1990 - 1995
BASED ON
THE NAIROBI FORWARD-LOOKING STRATEGIES
FOR THE ADVANCEMENT OF WOMEN
TO THE YEAR 2000

DEPARTMENTAL ADVISORY COMMITTEE
ON THE STATUS OF WOMEN

1992

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INTRODUCTION AND OVERVIEW

This is the first Annual Report on Health and Welfare Canada's (HWC) new Plan of Action (1990-1995) based on the "Nairobi Forward-Looking Strategies for the Advancement of Women to the Year 2000" (FLS), covering the period April 1, 1990 to March 31, 1991. The scope and details of the Departmental Plan of Action which this report addresses appear in Appendix I of this Report. This Introduction provides highlights of the activities of the Office of the Senior Adviser Status of Women (OSASW) for the period under review.

The SASW advises, coordinates and monitors on departmental policies and programs as they relate to women and their families. She serves as Canada's Focal Point for Women, Health and Development (WHD). Under her direction, the Departmental Advisory Committee on Status of Women Concerns developed a new Plan of Action (1990-1995) as part of our implementation of the Nairobi Forward-Looking Strategies (FLS) for the Advancement of Women to the Year 2000 and the Pan American Health Organization (PAHO) Regional Plan of Action for Women, Health and Development (WHD), translating them into over 170 specific initiatives which together comprise the Department-wide Plan related to the mandate of Health and Welfare Canada for 1990-1995.

Federal/Provincial/Territorial Working Group on Women's Health

A major event of the year was the release and distribution of ***Working Together for Women's Health: A Framework for the Development of Policies and Programs*** by the Federal/ Provincial/ Territorial (F/P/T) Working Group on Women's Health, chaired by the SASW during this period. Following approval by the Conference of Deputy Ministers of Health this Report was released and extensively distributed in March via each jurisdiction.

The Working Group, which reports to the Conference of Deputy Ministers of Health on the current and emerging health concerns of Canadian women, held two meetings, in September 1990 in Yellowknife, N.W.T. and in March 1991 in Ottawa, which concentrated on development of a paper on the mental health of women.

HWC Seminar for World AIDS Day, "Understanding Women and AIDS"

Another significant event during this period was the successful HWC Seminar for World AIDS Day, "Understanding Women and AIDS", December 3, 1990 chaired by the SASW, with the Minister in attendance at the reception following. The half-day meeting, planned and organized by the Departmental Advisory Committee on Status of Women Concerns, was addressed by speakers from the Canadian AIDS Society, the Canadian Public Health Association, the Canadian Haemophilia Society, the Federal Centre for AIDS (FCA) and the Montreal General Hospital's Centre for AIDS Studies. ***Proceedings*** of this Seminar are in press.

International Activities

International activities during this period continued to be extensive, particularly within the Region, in close cooperation with the Pan American Health Organization (PAHO). As Canada's Focal Point on WHD, and as a delegate in meetings of the PAHO Executive Subcommittee on Women, Health and Development, the SASW has continued to play an active role in the promotion of concerted actions on WHD as well as maintaining and increasing activities to inform women's NGOs, government officials and health professionals of the Pan American Health Organization (PAHO) Plan of Action, i.e. the Regional Forward-Looking Strategies on WHD. The SASW was a delegate to the PAHO Executive Committee and the Pan American Sanitary Bureau, served as adviser on the Health of Midlife and Older Women in Latin America and drafted a comprehensive overview chapter on "Women and Mental Health in the Americas" for the forthcoming PAHO report on ***Health of Women in the Americas, 1991.***

Other WHD-related international activities during this period included: serving as Academic Chair to the Institute for Study in Salzburg, Austria, and giving an address on "Education to Identity and Solidarity" for its 4th International Conference, THE CARING SOCIETY IN A THREATENED ECONOMY, in July, 1990; and giving a lecture entitled "Women in Health and Development", to the International Summer School on Health Promotion sponsored by the Canadian Public Health Association (CPHA) in Ottawa, August 1990.

WHD-related activities in Canada focused on events marking the 20th Anniversary of the Royal Commission on the Status of Women. The SASW organized and participated in a high-level Canadian Sociology and Anthropology Association (CSAA) panel at the Learned Society Meeting, Victoria and provided a keynote speech at the Conference on Women and the Canadian State, University of Ottawa, on "State Initiatives - Impetus and Effect".

Health Aspects of Family Violence

The Senior Adviser continued her close collaboration with senior departmental officials, women's organizations, other nongovernmental organizations (NGOs), federal departments, provincial governments, academics and practitioners on policy development to eliminate family violence. Departmental activities during this period centred upon the Family Violence Prevention Directorate in the Social Service Programs Branch which assumed a leadership role in developing a national approach to family violence (see III-I) culminating in the successful launch of the new Family Violence Initiative during this period.

The SASW also provided advice and guidance to the organizers of the Canadian Mental Health Association's follow-up conference (to Women and Mental Health) on Women in a Violent Society, Banff, May 1991, accepting an invitation to chair a session and speak.

Mental Health

Mental health remained an important focus of activity nationally and internationally, included, as noted above, in the activities of the F/P/T Working Group on Women's Health, and in collaborations with PAHO and the CMHA during this period. Of particular importance was the continuing work with the Women's Section of the Canadian Psychiatric Association on bridge-

building to other physicians, psychologists, social workers, nurses and mental health advocates and consumers during this period. The SASW served on the Conference Planning Committee for "Women in Dialogue: Caring Together Conference", an interdisciplinary conference to improve mental health care for women in the 1990s, scheduled for November 1991.

Family Supports

International interest in family policy issues increased with the commencement of planning for International Year of the Family (IYF), 1994, and the OSASW collaborated with the International and Intergovernmental Affairs Branch (IIAB), External Affairs and Status of Women Canada regarding development of a philosophy guiding IYF consistent with CEDAW and the UN Convention on the Child.

The SASW continued to work with Departmental officials on responses and strategies for developments regarding national child care policy and the establishment of a children's focal point; consulted with heads of key national children's organizations, e.g. the Canadian Child Daycare Federation; and participated in NGO conferences and meetings, e.g. Expert Group Meeting on Poverty and Birthweight sponsored by the Canadian Institute on Child Health, and the CPHA Symposium on Child Health.

Occupational and Environmental Health

The SASW participated in a workshop on the health of women workers, at the Conference on Research on Health and Safety of Female Workers, May 1990, at the 58th Congress of the *Association Canadienne-française pour l'avancement des sciences (ACFAS)*, Laval University, Québec, and gave an address for the panel on "*La santé des travailleuses, vers un nouvel équilibre*". The conference proceedings: "*«Sexe faible» ou travail ardu?*/ "Weaker Sex" or Arduous Work", was distributed in both official languages to members of the F/P/T Working Group on Women's Health by the OSASW.

She continued as an Observer at the meetings of the F/P/T Advisory Committee on Environmental and Occupational Health, where she provided briefings on developments regarding the occupational health concerns of women. (see IX)

Consultations with the Women's Bureau, Labour Canada (which published a Background Paper on the Occupational Safety and Health Concerns of Canadian Women), and with professionals in the field to institute collaborative initiatives to promote gender-sensitive research as well as policy and program development in Women's Occupational Health continued during this period. Preparations began for a Roundtable on Gender and Workplace Health sponsored by the OSASW, planned for June 1992 at the Ottawa Government Conference Centre.

Women's Health Research

The SASW collaborated in the development of the special March 1990 issue of ***Chronic Diseases in Canada*** by the Laboratory Centre for Disease Control, which focused on women and which included a Guest Editorial by the SASW. She also actively collaborated in the

drafting and editing of the Health Promotion Directorate's ***Active Health Report on Women***, based on the results of the 1985 Canada Health Promotion Survey and was consulted regarding current issues in women's health by the Canadian Medical Association.

Immigrant and Visible Minority Women

During the period, contacts were maintained with the President and representatives of the National Organization of Immigrant and Visible Minority Women of Canada (NOIVMWC) and the OSASW participated in the 2nd General Meeting of NOIVMWC. Lucya Spencer, Vice-president of NOIVMWC was a speaker at the HWC International Women's Day programme, where the concerns of immigrant and visible minority women were discussed following a presentation of the film ***No Time to Stop*** of the Federal Women's Film Program of the National Film Board. The OSASW continued to work with the Mental Health Division, Health Services and Promotion Branch on the follow-up to the 1989 report of the Federal Task Force on Mental Health Issues Affecting Immigrants and Refugees. (see XII)

The SASW represented HWC at meetings of the Interdepartmental Committee on Immigrant and Visible Minority Women. Information sharing and consultations on these concerns with NGOs and with the F/P/T Working Group on Women's Health continued during this period.

Reproductive Health

During this period, the SASW provided policy advice to the Department and consulted with other interested professionals and NGOs on a wide range of issues related to the reproductive health of women including AIDS (see also World AIDS Day Seminar, above) . Collaboration also took place with the FCA, AIDS Secretariat, consultants and NGOs (CAS, CPHA etc.) to develop an effective gender perspective for the National AIDS strategy, and the report ***Women and AIDS***. (see VII)

The concerns of women with experimental development and clinical use of new reproductive technologies, such as in vitro fertilization, oocyte and embryo donation, artificial insemination and surrogate motherhood were being solicited in public hearings during this period by the Royal Commission on New Reproductive Technologies. Research staff of the Commission consulted the SASW on activities prior to the establishment of the Commission.

Native Women

Departmental consultations continued with regard to specific initiatives in the Departmental Plan of Action (1990-1995) addressing the needs of Native women and their families (see XI), particularly concerning the issue of family violence in the North.

Women and Pension Reform

The SASW continued to monitor and advise on developments related to pension reform as they affect women, and took part in consultations with the Income Security Programs Branch on their policy development work, including collaboration on the organization and conduct of

the highly successful consultation with women's NGO representatives on Credit Splitting in the CPP (see I).

Senior Women

A life cycle approach guides the work of the OSASW, and there is consistent attention to the economic, social and health needs of senior women. The needs and concerns of senior women received particular attention in the deliberations of the F/P/T Working Group on Women's Health. Its report, ***Working Together for Women's Health,*** contains a section on senior women, and in the paper on the mental health of women, the mental health concerns of senior women will also be discussed (see above). The OSASW continued to collaborate closely with the Seniors Secretariat, and briefed the members of the National Advisory Council on Aging (NACA) on the concerns of senior women.

Federal Women's Film Programme (FWFP)

The SASW was a founding member of the FWFP, established in 1980 as a cooperative venture between the federal government and Studio D of the National Film Board (NFB), joined in 1987 by Studio Regards de femmes, the French studio focusing on films by and about women.

During phase II of the FWFP Programme (1988-1991), films were made on farm women, violence against women, prescription drugs, immigrant and minority women, aging women and women's burden of caring for other adults. In the period under review, some of the above films were completed, and planning was undertaken for phase III with the theme: Women and Work. The recommendation of the SASW that this series seek to reflect the wide spectrum of Canadian women,(i.e. women of colour, natives, white, disabled, different ages) rather than focus on each group discretely was adopted, and four films were planned, including one on work and family responsibilities.

International Women's Day

The OSASW again organized a successful HWC ***International Women's Day***, on March 8, 1991 with the showing of recent films by the NFB's Studio D, including the feature film "Company of Strangers".

Women's Organizations

The Office continued to monitor and advise on matters related to federal policy and legislative reform to ensure an effective HWC Status of Women perspective to assist the Department and the Minister in responding sensitively and effectively to the briefs, submissions and enquiries from women's groups across Canada. This involved the coordination of HWC responses to briefs from major women's organizations including the National Council of Women, the Catholic Women's League, the Canadian Federation of University Women, and the National Action Committee on the Status of Women (NAC). The SASW was also in attendance at meetings with national women's groups held by the Minister of National Health

and Welfare.

To encourage continued departmental sensitivity to the emerging issues raised by women's groups, the OSASW participated in meetings of the Canadian Advisory Council on the Status of Women, the NAC and the Canadian Research Institute for the Advancement of Women (CRIAW), among others. Via the Departmental Advisory Committee, the OSASW disseminated news and information about events sponsored by women's NGO's, encouraging representation and support from appropriate branches of HWC when this could be appropriately arranged.

Departmental Assignments Program (DAP)

Within the Department, the DAP has contributed to the enhancement of career opportunities for female employees through:

- active marketing of female employees to departmental and other federal managers having identified assignments and developmental opportunities;

- participation by DAP officers at career planning workshops, attended in majority by female employees (administrative support and officer level);

- A DAP promotional pamphlet states that "temporary assignments are available to put affirmative action initiatives into effect" and, that special consideration is given to "members of affirmative action target groups such as ***women***, indigenous people, visible minorities and the disabled".

The OSASW has made extensive use of this program to enhance the skills and experiences of its members and has offered training opportunities for staff from other branches, in policy development from a gender perspective.

I

INCOME SECURITY

The Income Security Programs (ISP) Branch administers three programs that provide financial benefits directly to individuals. These are: ***the Family Allowances Program***, the ***Old Age Security Program*** (which includes the Guaranteed Income Supplement and the Spouse's Allowance), and ***the Canada Pension Plan.***

I-1
Family Allowances

The Family Allowances program (FA) is designed to supplement the income of Canadian families by providing monthly benefits for children under the age of 18. In two-parent families, the Allowances are usually paid to the mother. The program also provides for Special Allowances that are paid in respect of children under age 18 who are being maintained by a welfare agency, government department or institution.

During the fiscal year 1990-91, Family and Special Allowances were paid to over 3.7 million beneficiaries in respect of 6.7 million children.

Program Issues

a. Family Allowances Payee

As noted above, Family Allowances are normally paid to the female parent except in certain circumstances. For example, the Allowance can be paid to the male parent where the parents are separated and the father has sole custody of the children. Also, where the parents have joint custody and both agree in writing that the Allowance should be paid to the male parent, the benefit can be paid to the father.

The legislative provision regarding payment of the Allowance to the mother has been challenged under the ***Canadian Human Rights Act*** and the ***Canadian Charter of Rights and Freedoms***, as discriminating on the basis of sex. The Government has taken the position that, in two-parent families, women continue to have the prime responsibility for raising children on a day-to-day basis and are therefore the appropriate payees in most cases. Payment of Family Allowances to the mother was also supported by the Parliamentary Committee on Equality Rights in its 1985 report "Equality for All".

In one of the two Charter cases, no documents were filed during the fiscal year; in the other, no court date was set during the fiscal year. Decisions in the Human Rights cases are still pending.

b. Family Allowances Survey

During 1990, the Income Security Programs Branch undertook a survey, using a mail-out questionnaire, of some 7,000 families in Canada who receive Family Allowances. The primary objectives of the survey were to gather opinions from these families about the type and quality of service they receive and to help the Branch assess the needs of families in Canada to better plan for future program improvements. The report on the results of the survey is scheduled for 1992.

c. Family Allowances Redesign Project

During 1990-91, the Branch successfully completed the implementation, at the national level, of the new on-line Family Allowances system. This new system has resulted in improved client service, and a reduction in the costs of delivering the Family Allowances program.

Further enhancements are planned for the 1991-92 fiscal year. These include Direct Deposit (available as of May 1991), which will result in significant program delivery cost savings, and improved capability for handling accounts for FA clients with visitor's permits.

I-2
Old Age Security

The Old Age Security (OAS) program provides a basic level of income for Canadians aged 65 or older who meet the minimum residence requirements. The income-tested Guaranteed Income Supplement (GIS) may be added to the OAS pension of a pensioner who has little or no other income. As well, income assistance is provided through the income-tested Spouse's Allowance (SPA) program to the spouses, aged 60-64, of OAS pensioners, and to widowed persons aged 60-64 who have limited income from other sources. These programs - particularly the income-tested programs - are an important source of retirement income for women. Table 1 is a breakdown of OAS/GIS/SPA beneficiaries by age and sex as of June 1990.

Program Issues

Three Court challenges have been launched against the Spouse's Allowance/Widowed Spouse's Allowance programs on the grounds that the programs violate equality rights guaranteed under the ***Canadian Charter of Rights and Freedoms*** because benefit entitlements are limited on the basis of marital status and/or sex. Specifically, SPA/WSPA benefits are not payable to separated, divorced or never married individuals 60 to 64 years of age.

A fourth action against the Spouse's Allowance program alleges discrimination based on sexual orientation because the OAS Act specifies that a spouse must be a person of the opposite sex.

I-3
Canada Pension Plan

The Canada Pension Plan (CPP) is a compulsory, contributory, social insurance program that provides a basic level of protection against the loss of earnings which normally result from the retirement, disability or death of a wage earner. The Plan also introduced, in 1978, the equal division of pension credits between spouses on divorce as recognition of marriage as an economic partnership to which both spouses contribute.

On January 1, 1987, the credit-splitting provisions were enhanced and expanded. The division of CPP pension credits was made mandatory upon divorce. Division of credits takes place as soon as the Department of National Health and Welfare receives the necessary information. As well, if a legal marriage ends in separation and if the separation has lasted one year, either spouse may apply for a division of pension credits. There is no time limit for making application for a division of credits following separation, except if one of the separated spouses dies. Further, former partners in a common-law relationship may apply for a division of pension credits within four years after they have separated, if they have been living apart for one year.

The Plan also recognizes the equal contributions of spouses in ongoing marriages or common-law relationships. The CPP thus provides for the equal sharing of retirement pensions between spouses. Both spouses must be at least 60 years of age and have applied for the retirement pensions to which they are entitled under the Plan.

Program Issues

a. Survivor Benefit Reform

In September 1987, the Minister of National Health and Welfare tabled a Consultation Paper, ***Survivor Benefits under the Canada Pension Plan***, in the House of Commons, containing proposals to modify the CPP survivor benefit structure. The proposals had two goals: to reflect social change since the inception of the Canada Pension Plan in 1966 (especially the changing role of women within the family and the labour force) and to address views expressed in 1985 by the Parliamentary Committee on Equality Rights, that benefits be awarded without reference to disability, age or family status.

The Consultation Paper was referred to the Standing Committee on National Health and Welfare, which undertook public hearings, and tabled its Report in April 1988. In September 1988, the federal government tabled its response to the Committee's report. A federal-provincial working group of officials, which had been mandated to examine the question of survivor benefit reform, submitted its report to the Federal-Provincial Continuing Committee of Officials on Economic and Fiscal Matters, in January 1990. Extensive federal-provincial discussions followed throughout the rest of the year.

At their January 1991 meeting, federal and provincial Ministers of Finance could not arrive at a consensus on a modernization of CPP survivor benefits, due to concerns about short-term costs associated with benefit increases for survivors under the existing structure. The need to reform the benefit structure remains and, to this end, federal and provincial officials will consider the survivor reform package again in an effort to find a less costly way of modernizing CPP survivor benefits.

Nevertheless, federal and provincial Ministers of Finance announced that a provisional understanding was reached on increases in the CPP contribution rate and CPP children's benefits. Ministers agreed on a proposed 25-year schedule that would provide for annual increases in the combined employer-employee contribution rate. These increases would take the combined contribution rate from 4.6 percent in 1991 to 10.10 percent in 2016. Ministers also agreed to provide an increase of $35 in monthly benefits for children of disabled or deceased contributors.

The proposed legislation amending the CPP is expected to be tabled in 1991, to take effect on January 1, 1992.

b. Charter Challenges - CPP Survivors Benefits

A ***Charter*** challenge was initiated in 1988 alleging that the current CPP survivor benefit provisions violate the equality provisions (section 15) of the ***Canadian Charter of Rights and Freedoms***. Spouses who are not disabled or do not have dependent children are not entitled to a survivor's benefit if they become widowed before age 35, or are entitled to a reduced benefit if they are widowed between ages 35 and 45. An additional Charter challenge of the same provisions was instituted during 1990-91. Neither case advanced during the period under review.

c. Credit-Splitting

The original intent of the credit-splitting provisions was to ensure that each spouse retained, as a matter of right, an equal share of the CPP protection acquired during marriage and that this right would not be subject to private arrangements between divorcing spouses. Accordingly, the Department had advised individuals that the terms of a spousal agreement could not affect their right to a division of credits. In 1983, however, the Pension Appeals Board ruled that a general waiver clause in a spousal agreement, which indicated that the spouses had waived their respective rights to each other's property, was sufficient evidence to indicate that the spouses had already agreed not to divide CPP credits. (The Pension Appeals Board is currently the final level of appeal under the CPP.)

To restore the original intent of the legislation, the Canada Pension Plan was amended in 1987 to ensure that spouses could not unknowingly waive their rights to a division of credits after June 4, 1986. The CPP was further amended in March 1991 by a Private Member's Bill (Mr. Kempling) that was supported by the Minister of National Health and Welfare. This amendment allows the Minister to provide CPP pension credits to individuals who signed spousal agreements with general waiver clauses before June 4, 1986 and who were denied a division of pension credits following the 1983 Pension Appeals Board ***Preece*** decision.

Individuals are not required to prove that they received erroneous advice from the Department. Persons who had been denied a credit split because of a general waiver and who may benefit from this new provision will be identified administratively by the Department and their credits will be allocated to them. The credits of the other spouse will not be affected.

Although the policy on credit splitting has been in place for several years, the rate of credit splitting has been very low. An Income Security Programs Branch working group has been established to identify the reasons that the take-up rate has remained low and to identify ways to increase it. Some initiatives undertaken in this regard include a consultation with national women's organizations in March 1991 (see report, Appendix II) and consultations with the Department of Justice to seek assistance in negotiating with the provinces the establishment of an effective mechanism to provide the necessary information to split pension credits automatically on divorce.

d. Canada Pension Plan - 25th Anniversary

The ISP Branch convened a Working Group of employees from across Canada to look at ways to recognize the contribution that dedicated employees have made over the last 25 years and also to explore methods of increasing public awareness of the CPP. Several projects have been initiated in these two areas and will be implemented in 1991-92.

I-4
Income Security Programs Redesign Project

The planning phase of the Income Security Programs Redesign Project was completed during the year. The objective of the project, undertaken by the ISP Branch in partnership with Supply and Services Canada, is to plan, define, develop and implement a new integrated client service delivery network for the Old Age Security, Canada Pension Plan and Family Allowances programs. Because of anticipated workload increases as the population ages, rapid technological advances, and government resource constraints, it was determined that the total environment in which the programs are administered has to be improved.

The ISP Vision developed last year as part of the project focuses on client service, employee empowerment, cost efficiency and flexibility to respond to change. It forms the cornerstone of ISP Redesign and supports the direction of the Public Service 2000 initiative and Health and Welfare's Project Excellence and Renewal. The Vision has shaped more detailed plans within the Redesign project to make changes to the Branch's human resources; work functions; management processes; organization structure; information technology support; legislation, regulations and policies that have administrative impacts on the intent of Redesign; and facilities - all aspects of how the Branch operates and serves its clients.

Impacts of the proposed changes have been reviewed with other government departments such as Revenue Canada/Taxation, Employment and Immigration Canada and Veterans Affairs Canada, associated with the delivery of the Branch's programs.

A submission is being prepared to obtain Treasury Board approval and funding for the project's next phases, with a completion date within five years.

I-5
Direct Deposit

The phased implementation of Direct Deposit service of Income Security Programs progressed on schedule during 1990-91. As of March 31, 1991, the service was available for Old Age Security and Canada Pension Plan benefits, and it will be up and running for Family Allowances in May 1991. A major promotion will occur during the summer of 1991 to attract beneficiaries to this safe and convenient service.

I-6
Social Security Agreements

Reciprocal social security agreements make social security benefits portable between countries and allow for the coordination of two countries' social security programs.

At the start of the fiscal year, agreements on social security were in force with Australia, Austria, Barbados, Belgium, Denmark, Dominica, Finland, France, Germany, Greece, Iceland, Italy, Jamaica, Norway, Portugal, Saint Lucia, Spain, Sweden, and the United States. During the fiscal year, agreements with Luxembourg and the Netherlands entered into force. As well, an agreement was signed with Ireland. An agreement signed with Cyprus in January 1990 is scheduled to come into force in 1991-92.

TABLE 1

OAS/GIS/SPA BENEFICIARIES BY AGE AND SEX, JUNE 1990

OAS ONLY

AGE	MALE	%	FEMALE	%	TOTAL	%
65–69	326,523	(47.6)	357,223	(52.2)	683,746	(100.0)
70–74	219,065	(47.3)	243,954	(52.7)	463,019	(100.0)
75–79	145,307	(46.2)	169,093	(53.8)	314,400	(100.0)
80–84	68,744	(42.2)	94,017	(57.8)	162,761	(100.0)
85–89	24,070	(36.5)	41,909	(63.5)	65,979	(100.0)
90+	8,068	(28.9)	19,808	(71.1)	27,876	(100.0)
TOTAL	791,777	(46.1)	926,004	(53.9)	1,717,781	(100.0)

GIS

AGE	MALE	%	FEMALE	%	TOTAL	%
65–69	143,966	(41.5)	202,807	(58.5)	346,773	(100.0)
70–74	119,314	(38.1)	194,158	(61.9)	313,472	(100.0)
75–79	99,792	(35.5)	181,091	(64.5)	280,883	(100.0)
80–84	65,454	(32.9)	133,664	(67.1)	199,118	(100.0)
85–89	32,713	(29.1)	79,757	(70.9)	112,470	(100.0)
90+	13,778	(22.9)	46,414	(77.1)	60,192	(100.0)
TOTAL	475,017	(36.2)	837,891	(63.8)	1,312,906	(100.0)

OAS/GIS

AGE	MALE	%	FEMALE	%	TOTAL	%
65–69	470,489	(45.7)	560,030	(54.3)	1,030,519	(100.0)
70–74	338,379	(43.6)	438,112	(56.4)	776,491	(100.0)
75–79	245,099	(41.2)	350,184	(58.8)	595,283	(100.0)
80–84	134,198	(37.1)	227,681	(62.9)	361,879	(100.0)
85–89	56,783	(31.8)	121,666	(68.2)	178,449	(100.0)
90+	21,846	(24.8)	66,222	(75.2)	88,068	(100.0)
TOTAL	1,266,794	(41.8)	1,763,895	(58.2)	3,030,689	(100.0)

SPA – REGULAR

AGE	MALE	%	FEMALE	%	TOTAL	%
60	565	(6.8)	7,802	(93.2)	8,367	(100.0)
61	765	(6.8)	10,407	(93.2)	11,172	(100.0)
62	1,139	(8.1)	12,979	(91.9)	14,118	(100.0)
63	1,576	(9.3)	15,305	(90.7)	16,881	(100.0)
64	2,305	(11.3)	18,116	(88.7)	20,421	(100.0)
TOTAL	6,350	(8.9)	64,609	(91.1)	70,959	(100.0)

SPA – WIDOWED AND EXTENDED

AGE	MALE	%	FEMALE	%	TOTAL	%
60	384	(6.7)	5,311	(93.3)	5,695	(100.0)
61	521	(6.9)	7,084	(93.1)	7,605	(100.0)
62	775	(8.1)	8,835	(91.9)	9,610	(100.0)
63	1,072	(9.3)	10,418	(90.7)	11,490	(100.0)
64	1,569	(11.3)	12,332	(88.7)	13,901	(100.0)
TOTAL	4,321	(8.9)	43,980	(91.1)	48,301	(100.0)

SPA – TOTAL

AGE	MALE	%	FEMALE	%	TOTAL	%
60	949	(6.7)	13,113	(93.3)	14,062	(100.0)
61	1,286	(6.8)	17,491	(93.2)	18,777	(100.0)
62	1,914	(8.1)	21,814	(91.9)	23,728	(100.0)
63	2,648	(9.3)	25,723	(90.7)	28,371	(100.0)
64	3,874	(11.3)	30,448	(88.7)	34,322	(100.0)
TOTAL	10,671	(8.9)	108,589	(91.1)	119,260	(100.0)

Prepared by Data Development and Analysis, Income Security Programs Branch, Health and Welfare Canada, November 1990.

II

SUPPORT SERVICES TO ASSIST FAMILIES AND INDIVIDUALS

II-1
Medical and Hospital Care Services

Through the provisions of the ***Canada Health Act, 1984***, the federal government makes substantial financial contributions to the provinces and territories in respect of certain health services. As a condition of receiving the full amount of the contribution to which they are eligible, the provinces and territories are required to provide prepaid access to necessary hospital and medical care services, on uniform terms and conditions, to all residents.

II-2
National Strategy on Child Care

Under the National Strategy on Child Care, initially announced in December 1987, the federal government proposed a commitment of $6.4 billion over the period 1988-89 to 1994-95 towards improvements in the quality, affordability and availability of child care. The National Strategy comprised four elements:

- new cost-sharing legislation;
- $100 million Child Care Initiatives Fund;
- enhanced tax assistance to families with preschool-aged children (i.e. Child Tax Credit supplement, enhanced Child Care Expense Deduction); and
- day care initiative for Indians on-reserves.

Both the Child Care Initiatives Fund and the tax provisions were implemented for 1988.

The proposed Canada Child Care Act was not enacted and, due largely to fiscal constraints, this new legislation has not been reintroduced. The government does remain committed to taking action on the issue of child care before the end of its current mandate.

The ***Child Care Initiatives Fund (CCIF)*** continues to provide financial support to projects which will promote innovation in the field of child care, stimulate the creation of services in under-served areas, support initiatives aimed at the enhancement of quality child care services and encourage public awareness programs. As of March 31, 1991 approximately 308 projects have been approved, 45 of which were approved in the fiscal year 1990-1991. The following list of selected projects illustrates the range of development, demonstration and research projects funded to date.

Selected CCIF Projects

Apple Tree Landing Children's Centre Rural Child Care: A proposal to develop a Resource Centre	$ 93,998
Hampton Day Care Inc. Demonstration Needs Project	$ 10,675
Regroupement des garderies S.B.L. de l'Outaouais Projet de recherche et d'expérimentation d'un service de garde pour enfants malades	$166,671
Université du Québec à Chicoutimi La sécurité au travail pour les éducatrices dans les garderies	$158,716
Day Care Connection Day Care Connection Intergenerational Program	$ 71,333
Wawa Parent-Child Play Centre Outreach Program	$ 90,350
Manitoba Family Day Care Association Family Day Care Provider Training Program - Phase I Program Development	$159,542
Saskatchewan Child Care Association Provincial Child Care Information and Resource Centre	$159,759
Burnaby Association for the Mentally Handicapped Brentwood Out-of-School Child Care	$178,648
La Société de la Garderie et la Prématernelle Francophone à Victoria Mise sur pied d'une garderie prématernelle francophone à Victoria	$ 27,164
Kativik Regional Government Pairitsivik Audio-Visual Document	$ 90,000
Manitoba Indian Nurses Association Child Care - Taking Responsibility	$ 29,989

Native Council of Canada
National Commission on Aboriginal Child Care $907,200

The G. Allan Roeher Institute
Child Care Programs and Mental Handicap $218,690

II-3
Child Care - Consultations and Cost-Sharing With Provinces and Territories

Under the Canada Assistance Plan (CAP) the federal government continues to share on a fifty-fifty basis with the provinces/territories certain costs which these jurisdictions incur in the provision of day care services to eligible clientele as defined in the Act. CAP contributions to the provinces/territories for day care services were approximately $265 million in 1990-91.

II-4
Social Services - Promotion and Dissemination of Effective Measures

Various units within the Social Service Programs Branch enable the government to address a number of social issues:

National Child Care Information Centre (NCIC)

NCIC continued to provide information and consultation to officials of the federal, provincial and municipal governments, professional associations, community groups, union locals, non-profit organizations, voluntary organizations, educational institutions and the public in such areas as accreditation, employer-supported day care, new policies and information kits on a variety of child care matters. In the area of information development and dissemination, the information maintained by the Centre continued to be updated to reflect current and projected needs.

Publications produced include the following: ***Child Care Tomorrow***, a publication designed to help parents survey their options, develop their strategies and make their choices for child care arrangements, prepared jointly by Chatelaine New Mother and National Health and Welfare; ***Good Books for a Good Start***, an existing publication which was recently updated and gives parents some suggestions on books for young children; and ***Status of Day Care in Canada 1990***, a report which presents to Canadians a general overview of day care services in Canada, prepared by the National Child Care Information Centre, Social Service Programs Branch.

The National Adoption Desk

This unit provides consultation, coordination and information services to the provinces and territories in the areas of international and interprovincial adoptions.

At the international level, in the area of international adoptions, the Desk provides leadership and represents the collective interests of provinces and territories, with the exception of Quebec. The Desk has on-going programs with Brazil, Colombia, Hcng Kong, Philippines, St. Vincent and Thailand. Outreach to other countries is being increased; in the near future the National Adoption Desk plans to contact countries of Central and South America to explore the possibility of establishing new international adoption programs.

The number of persons applying to adopt children from other countries is still increasing steadily. There are currently more than 535 international orphan adoption cases in process; during 1990-91, 50 families received placement of orphaned children from various foreign countries. The Desk also assists in international adoptions of children related to their adoptive parents residing in Canada.

The National Adoption Desk continues to provide coordination in interprovincial adoptions in Canada and operates a registry and referral service for children with special needs.

The National Adoption Desk has produced a manual on international adoptions which was distributed to all provincial adoption coordinators. It includes all pertinent information currently available on adoptions in foreign countries and is updated on a regular basis.

Children's Bureau

At the conclusion of The World Summit For Children held September 29-30, 1990, Canada's Prime Minister asked the Minister of National Health and Welfare to establish a mechanism within his department to ensure coordination and consistency in federal programs relating to children. The Minister was also assigned responsibility for the government's follow-up to the World Summit Declaration. The Minister of National Health and Welfare, responding to this request, announced in January 1991 the creation of the Children's Bureau.

The Bureau will enable the government to keep a close focus on children's issues and to follow up on commitments stemming from the Summit Declaration and the Convention on the Rights of the Child. It will lead in the development of a federal action plan for children based on the Summit Declaration.

The Bureau's main role will be to ensure the effectiveness of federal policies and programs relating to the health, welfare and development of children and families. To this end, the Bureau will promote coordination within the federal government, consult with other levels of government and non-government organizations and communicate federal initiatives relating to children.

Mainstream 1992 - A Federal/Provincial/Territorial Review of Services Affecting Canadians with Disabilities

Social Service Programs Branch is cooperating with provincial departments on ***Mainstream 1992***, a review of services with an impact on persons with disabilities. Priority areas are: Employment Related Services, Community/Independent Living, Promotion/Prevention and Income Support/Replacement. Attention is given to categories of persons with disabilities who have particular characteristics or needs for service, including women, children, seniors and aboriginal persons. Groups and individuals with interests in the review are given the opportunity to participate in a consultation process.

Disabled Persons Unit

This unit focuses on the needs of persons with disabilities and actively encourages improved services to disabled persons, greater independence and alternatives to institutionalization. Example of the activities developed or supported by the Unit include: preparation of a video and print manual on respite care, reprint of a publication on the concerns of disabled women regarding reproductive technology and funding for the publication of an anthology by women with disabilities.

Vocational Rehabilitation of Disabled Persons (VRDP) Program

The VRDP Act (1961), which is administered by the Cost Shared Programs Directorate, enables the federal government, through agreements, to contribute 50% of the costs incurred by provinces and territories in providing a comprehensive program for the vocational rehabilitation of physically and mentally disabled persons. In 1990-91, federal payments to the provinces and territories under the VRDP program totalled $108 million on behalf of over 200,000 disabled persons. As of April 1, 1990, a new three-year agreement with all provinces and territories took effect. While the federal government specifies the terms for obtaining cost-sharing, the provinces are responsible for the administration of their programs, including their design, eligibility requirements and method of delivery.

Eligible clients are physically and mentally disabled persons of working age who require vocational rehabilitation services to become capable of pursuing regularly a substantially gainful occupation. This includes persons who are disabled because of psychiatric, sensorial, intellectual or learning impairment and/or impairment relating to mobility and alcohol and drug addictions. Unlike the Canada Assistance Plan, which also provides for cost-sharing of benefits to disabled persons, financial need is not a consideration, with the exception of cost-shared maintenance/training allowances which are provided on an individual needs basis.

The VRDP program provides for sharing in a wide range of goods and services such as assessment, counselling, restoration services, prostheses, orthoses, wheelchairs, technical aids and other devices, vocational training and employment placement, books, tools and equipment required during the course of vocational rehabilitation process, maintenance allowances as required by each individual, follow-up goods and services for a period of up to 36 months after a person has entered employment and goods and services to prevent the loss of employment of disabled persons facing a vocational crisis.

The VRDP program shares in costs for provincial and agency vocational rehabilitation staff, provincial research projects, publicity concerning provincial programs as well as goods and services for individual clients. There are complex links with other federal programs such as Alcohol and Drug Treatment and Rehabilitation, Canada Assistance Plan, Employment and Immigration and programs under the Canada Health Act.

Alcohol and Drug Treatment and Rehabilitation (ADTR) Program

This federal-provincial cost-sharing program administered by the Cost-Shared Programs Directorate is a component of the National Drug Strategy announced in 1987. Under agreements with the provinces, the federal government extends financial support to provinces and territories to increase and improve the availability of alcohol and drug treatment and rehabilitation (ADTR) programming in Canada. However, while the federal government specifies the terms for obtaining cost-sharing, the provinces are responsible for the administration and delivery of their alcohol and drug programs.

The current ADTR agreement was effective April 1, 1990 for a three-year period. In the first two-year agreement period (1988-90), eight provinces signed ADTR agreements. Agreements with Prince Edward Island and Manitoba and with the two territories are expected to be concluded for the 1990-93 agreement period.

All persons requiring treatment and rehabilitation are eligible under the agreement (including youth, women, employed persons, non-status Indians and the elderly), but with particular emphasis on youth of both sexes.

Cost-sharing under the ADTR program extends to a range of treatment and rehabilitation services, including awareness and development, program research and evaluation, and workplace initiatives. The contributions under ADTR are intended to maintain maximum complementarity with VRDP which includes support of provincial alcohol and drug programming in the context of vocational rehabilitation.

Federal contributions under ADTR are made on the basis of annual appropriations. In 1990-91 federal payments to provinces totalled $10.2 million. The maximum federal contribution is $20 million annually. Provincial allocations are based on a formula described in the agreement.

II-5
Humanizing Homes for Special Care/Institutional Care

The federal government provides substantial financial support to the provinces and territories for residential services primarily through two pieces of legislation, the ***Canada Health Act*** and the ***Canada Assistance Plan (CAP).*** Under the ***Canada Health Act,*** the federal government provides per capita block grants to these jurisdictions to cover the cost of most adult residential care.

Under the Canada Assistance Plan, the federal government shares on a fifty-fifty basis with the provinces and territories costs they incur in providing care to persons in need in residential institutions which qualify as homes for special care within the meaning of the Act. This includes homes for the aged and persons with disabilities, shelters and hostels for battered women and transients as well as a range of child care institutions.

CAP has provided continuing financial support to provinces as they move toward fewer and smaller residential facilities in an effort to increase community integration of persons with disabilities and the aged.

Expenditures under CAP for maintaining eligible persons in homes for special care were approximately $450 million in 1990-91.

II-6
Social Housing

Under the Canada Assistance Plan (CAP) the federal government shares the cost to the provinces and territories of providing assistance to needy persons. This assistance enables persons in need to meet their basic requirements such as food, shelter and clothing. In addition Canada Mortgage and Housing Corporation (CMHC) and a number of provinces offer subsidized housing to target populations such as low income families, senior citizens and disabled persons. There is continuing liaison and consultation between CAP and CMHC to ensure harmonization and coordination of federal programs and provincial social assistance benefits.

II-7
Economic Self-Sufficiency

In 1985 the Federal-Provincial-Territorial Agreements to Enhance the Employability of Social Assistance Recipients were signed by the federal government and all provinces and the NWT. The agreements continued for five years and a total of $800 million was provided by the federal government to be matched by the provinces/territories. A new 5-year model agreement has been developed by a Federal/Provincial/Territorial Working Group, and is now

being implemented. The Federal commitment is for $200 million annually, to be matched dollar for dollar by the provinces/territories. Services and programs are provided by provincial departments of social services and labour markets and by EIC through Canada Employment Centers.

These initiatives are of particular benefit to sole support mothers currently relying on social assistance. They allow for enhanced benefits for families and individuals who wish to enrol in training programs, on-the-job experience, and other employment enhancement activities. Participants may retain supporting benefits, such as transportation or child care costs, while developing their skills.

III

FAMILY VIOLENCE
VIOLENCE AGAINST WOMEN, CHILDREN AND ELDERS

III-1
Preventing Family Violence

In 1986, the federal government established the Family Violence Prevention Division within Health and Welfare Canada to co-ordinate federal activities on Family Violence. The Child Sexual Abuse Initiative (1986-1991) and the Family Violence Initiative (1988 - 1992) are supported under the mandate of the Family Violence Prevention Division.

The five-year, $25 million Child Sexual Abuse Initiative was a direct response to the Badgley Report on Sexual Abuse Offenses against Children and Youths and the Fraser Report on Pornography and Prostitution. Through this initiative $20 million was provided to the Department of Health and Welfare and $5 million was provided to the Department of Justice. These funds were used to support research, training, public education and the development of effective treatment approaches for victims and offenders. As part of this Initiative, amendments were made to the Criminal Code of Canada and the Canada Evidence Act to improve the protection of children from sexual abuse. Under the Child Sexual Abuse Initiative, the federal government has approved approximately 300 projects for a total expenditure of $12 million.

Under the four-year $40 million Family Violence Initiative, six departments received special funding: Health and Welfare, Justice, Solicitor General, Secretary of State, Indian Affairs and Northern Development, and Canada Mortgage and Housing Corporation. Status of Women Canada played an important role in monitoring activities under the Initiative. An allocation of $22.2 million to Canada Mortgage and Housing Corporation was for the creation of new shelter spaces for battered women and their children. Nearly 450 units have been created or are currently under development.

Health and Welfare supported the development of ***Guidelines: Health Care Facilities on Abuse, Assault, Neglect and Family Violence***. Prepared under the auspices of a federal/provincial/territorial advisory committee, these guidelines were endorsed by all provincial and territorial governments for use in the training of health care personnel.

Health and Welfare and the Department of the Secretary of State are providing funds to the DisAbled Women's Network to produce and pilot-test a manual for transition house workers and others on the needs of women with disabilities. This manual will provide practical advice on how to help women with disabilities who are victims of violence. Research has shown that disabled women are not only more likely to be victimized but also experience many problems in getting help to protect themselves from further abuse.

Through a variety of projects, Health and Welfare has drawn attention to the needs of older women who are victims of abuse. The Ryerson Institute was provided with support for a cross-country survey of seniors to determine the extent and nature of elder abuse. As another example, through the Seniors Independence Program, an excellent video on the problem of elder abuse has been produced.

The federal government recognizes that the problem of wife assault is fundamentally linked to societal attitudes and values about women. A project which addresses this directly is the Canadian Teacher's Federation (CTF) project "Thumbs Down: A Classroom Response to Violence Against Women". With federal funding, the CTF produced lesson plans for teachers to use with students in kindergarten through Grade 12. These lesson plans contain suggestions for classroom activities which would foster non-violent, non-sexist behaviour. Twenty-nine thousand copies have been printed for country-wide distribution. The CTF has done a direct mailing to teachers through their regional network.

III-2
The New Family Violence Prevention Initiative

On February 20, 1991, the Minister of Health and Welfare Canada announced a new four-year, $136 million Federal Initiative on Family Violence. The new Initiative builds upon and integrates the Child Sexual Abuse and Family Violence Initiatives. In announcing this new Initiative, the federal government called upon all Canadians to act and accept individual responsibility for the prevention of family violence. The broad-based Initiative emphasizes the needs of vulnerable high-risk groups: aboriginal people, northern and isolated communities, disabled persons, ethnocultural communities, socially disadvantaged women, children and seniors.

The new Initiative takes aim at family violence on seven fronts by: involving all Canadians and mobilizing community action; strengthening Canada's legal framework; establishing services in Indian reserves and Inuit communities; strengthening Canada's ability to help victims and stop offenders; providing more housing for abused women and their children; obtaining better national information on the extent and nature of family violence, and; sharing information and solutions - making the connections.

Health and Welfare Canada, which has been allocated $55.6 million, will continue to coordinate activities among the seven federal departments and agencies receiving funding under the new Initiative.

III-3
The National Clearinghouse on Family Violence

The National Clearinghouse on Family Violence continued to implement its two-year business plan, aimed at providing an efficient and effective information and referral service to individuals working in the field of family violence and to the public. A client satisfaction

survey was administered by Statistics Canada to the 3,346 clients who contacted the Clearinghouse during 1989. The responses of the 2,116 clients who completed the questionnaire were overwhelmingly positive, with 98 percent indicating they were satisfied to very satisfied with the staff services, 98 percent indicating they would refer others to the Clearinghouse, and 99 percent indicating they would use the services again. A small needs assessment survey was also conducted to help guide the development of future workplans.

During 1990-91, the Clearinghouse responded to an estimated 12,000 requests a three-fold increase from the previous year. This number is expected to continue to grow as public awareness of the toll-free line increases.

The Clearinghouse was involved in the development and dissemination of the following publications during the year: Executive Summary and Proceedings of Working Together: the 1989 National Forum on Family Violence; Reaching for Solutions - Report of the Special Advisor on Child Sexual Abuse; Information Kit on Adolescent Sexual Offenders; Fact Sheet on Elder Abuse; Fact Sheet on Child Abuse and Neglect; Child Sexual Abuse Initiative: Summaries of Funded Projects; and Announcement Kit for the New Family Violence Initiative. Eight new audiovisuals were added to the Family Violence Film and Video Collection and the Collection Catalogue was updated.

Under the new Family Violence Initiative, the Clearinghouse role will be strengthened to allow for expansion of its collection of public and professional education resources, including fact sheets, videos, films, research reports, and state-of-the-art reviews. The Clearinghouse will work with provincial, territorial, regional and local resource centres to establish a national information network on family violence prevention.

III-4
Family Violence Research

During 1990/91, the ***National Welfare Grants Division*** continued to support research and development projects intended to improve services for women, particularly those victimized by family violence. A total of 9 projects were funded during the period, many of which are carried out over a three-year period.

National Welfare Grants Division
Selected Family Violence Research Projects
of Special Concern to Women

Number	***Title***	***Funding***
4554-73-2	Evaluation formative et sommative du programme de traitement des enfants abusés sexuellement et leurs parents	$171,081
4552-1-49	A Holistic Response to the Victims of Family Violence in a Rural Environment	$346,543
4559-1-72	Social Support Training Project	$ 94,395
4554-35-27	Modèle d'intervention auprès des femmes battues	$701,044

III-5
Prevention of Child Sexual Abuse

In 1988, Rix Rogers was appointed Special Advisor on Child Sexual Abuse. His mandate was to report to the Minister of Health and Welfare on long-term action the federal government could take to prevent the sexual abuse of children. In 1990-91, the Family Violence Prevention Division continued to support Mr. Rogers in his activities. The Special Advisor's report ***Reaching For Solutions*** was submitted to the Minister in June 1990. Over 90 percent of the Special Advisor's recommendations directed to the Federal government are being acted upon, in some form, through the new Family Violence Initiative announced on February 20, 1991.

Child Sexual Abuse Guidelines for Community Workers have been widely distributed by the Community Health Division of Health Services and Promotion Branch throughout Canada. These were designed to facilitate the development of prevention projects and to enhance the care, protection and treatment of sexually abused children. Community workers in a variety of sectors have found these useful, for example: in health, social services, justice, education, and recreation.

III-6
Family Violence

a. Promote the development and evaluation of intervention and treatment models for victims and offenders

Health Services and Promotion Branch, through the Mental Health Division, Victims of Violence Component, provided support for projects dealing in such areas as detection, disclosure, intervention and treatment; rural mental health issues; child sexual abuse issues within the school setting; and treatment for offenders. In 1990/91, Victims of Violence Contribution Program funded 13 projects, with a total budget of $374,980.

Selected "Victims of Violence" Projects
1990/91

Organization	***Title***	***Funding***
Canadian Congress for Learning opportunities for Women Montreal	Breaking the Silence: New Beginnings for Women Victims of Childhood Sexual Abuse (6773-2-8)	$ 2,919.75
Ontario Institute for Studies in Education Toronto	Women's Safety Project: A Community-Based Study of Sexual Victimization in Women's Lives (6773-2-50)	$13,422.26
Brockville Psychiatric Hospital Brockville	Hidden Childhood Sexual Trauma: An Exploration of Psychiatric Inpatient Records (6773-2-47)	$15,974.99

b. Promote the development and dissemination of mental health research on risk factors and effects

Through the National Health Research and Development Program, support was provided for research studies and symposia to enhance the Canadian knowledge base on the nature and health effects of family violence, and for the development of effective health intervention strategies. Projects included a study of the mental health effects of child abuse and neglect on very young children, and a symposium on research issues related to wife assault. During 1990/91, NHRDP funded 12 projects for a total amount of $295,000.

c. *Promote the development of materials/activities to educate and sensitize professionals to mental health concerns related to family violence*

During the period covered by this report, the ***"Canada's Mental Health"*** journal devoted two of its issues (June/Sept., 1990; Dec., 1990) to family violence, including violence against women.

Guidelines for health care personnel on assault, abuse, neglect and family violence, developed under the auspices of a federal/provincial/territorial government advisory committee, have been extensively distributed during 1989-1991. Child abuse, spousal abuse, sexual assault, and abuse of the elderly, frail and vulnerable adults are included in the handbook.

IV

SUPPORT AND PARTNERSHIP WITH WOMEN'S AND OTHER VOLUNTARY ORGANIZATIONS

IV-1
Seniors Independence Program

The Seniors Independence Program (SIP) provides opportunities for voluntary, non-government, non-profit groups and organizations for health, education, and social welfare projects designed to enhance the quality of life and independence of seniors. The direct involvement of seniors in design and delivery is an essential criteria of the program. Priority is given to community-based projects which direct particular attention to the needs of women seniors, seniors living in rural and remote areas, and seniors who are less advantaged due to life circumstances.

Since April 1988, the program approved 416 projects with contributions totalling $51,257,323. In the 1990/91 fiscal year, the following projects specifically target the needs of women seniors.

Title	Funding
Rural Women: Aging Conference VON Health Promotion Project for Seniors. To provide senior women living in Lanark, Leeds and Grenville with information on issues relating to rural women and aging, to assist them in identifying issues relevant to their situation, and to provide them with an opportunity to develop a response to these issues.	$ 11,000
Older Women's Network of Saskatchewan Senior's Education Centre Extension Division, University of Regina. To develop training programs to meet the specific needs of individual groups to reach the isolated older women in their community, to develop and distribute a newsletter to link groups working with isolated older women, to host workshops on specific issues affecting older women.	$168,662

Seniors' Mini Conference Workshop — $ 7,000
The Royal Canadian Legion, Saskatchewan Provincial Command.

To plan a three day seniors'workshop including both Legion and non-Legion seniors' groups and make recommendations for future seniors' programming by the Legion.

Elixir ou l'Assuétude d'Ève — $ 64,545
Savoir & entraide pour un vieillissement éclairé.

A committee of seniors was formed to identify the barriers in relation to women's health and propose solutions. As a result, meetings addressing senior women's health issues will take place, and a guide will be published.

La femme dans une société viellissante — $ 11,000
Fédération des femmes canadiennes-françaises de l'Ontario.

To offer a workshop on women and aging and hold a provincial conference; 50 francophone women from Ontario will discuss different issues; including a training session. As a follow-up to the 1988 National Workshop on Women in an Aging Society.

Women of Tomorrow — $ 11,000
Home support services for seniors - Dryden.

To provide older women in Dryden and the surrounding area with the information and education they require to effectively participate in the decision-making processes which affect them. The project advisory committee will be composed of senior rural women. Senior women will also be involved as workshop leaders and speakers.

Follow-up conferences to the ***1988 National Workshop on Women in an Aging Society*** have been held to provide older women with information on financial and legal affairs, and to provide the education they require in order to effectively participate in decision-making processes that affect them.

Women are active participants in the design and delivery of virtually every project funded by the Seniors Independence Program. Due to the fact that women constitute the majority of seniors, nearly all projects will prove beneficial to their well-being.

IV-2
New Horizons Program

The New Horizons Program continues to provide opportunities for older retired Canadians to plan, operate and participate in meaningful activities of their own choosing which prove beneficial to themselves and their community. In 1990-91, the Program funded 1,888 projects at a cost of $14,118,354 involving more than 250,000 participants. Of these, 62 percent were women.

Women participate in nearly all of the different types of activities which New Horizons funds. Some projects are organized by women, specifically to help other women who have special needs. There are, for example, groups who lend emotional support for widowed and single women. Women are also active, often in executive capacities, at the regional, provincial and national levels of senior citizens' organizations.

Through their own efforts, and by the example of their successes, older retired Canadians develop new roles for themselves and demonstrate to the public at large their continuing ability to be contributing and vital members of their communities. Women are very much involved in this raising of public consciousness of the later years.

IV-3
Grants to National Voluntary Social Service Organizations

The overall goal of this program is to strengthen the voluntary sector's capacity to meet the needs of Canadians, particularly those in the most vulnerable situations. Major concerns of these organizations are children, families, seniors, people with disabilities, and those living in poverty.

In 1990/91, twenty-eight national organizations received grants totalling $3.3 million to assist with the overall costs of operating a national organization. These grants promote broadened membership and board participation, development of human and financial resources, and enhanced program development and planning capacity.

Many of these national organizations have a particular focus on issues of special concern to women and girls. Examples include: YWCA of Canada, National Anti-Poverty Organization, Boys and Girls Clubs of Canada, Canadian Council on Social Development, Home Support Canada, Canadian Child Day Care Federation, Canadian Child Welfare Association, and Family Service Canada.

IV-4
Grants to National Voluntary Health Organizations

Grants were allocated through the ***Sustaining Grants Program*** in order to support public education, self-help and mutual aid groups and to generate funds for research and services. Organizations directly impacting on women include the following: Planned Parenthood Federation of Canada, Serena Canada, D.E.S. Action Canada, and LaLeche League Canada.

IV-5
Health Promotion Contribution Program

The Health Promotion Contribution Program funds non-government organizations to conduct projects that increase public participation in health promotion. This is intended to improve the capacity of non-government organizations to develop and deliver health promotion programs, to improve information exchange among organizations and to develop a better knowledge base for health promotion proramming.

Within the Program, women are one of three target groups that are given priority for funding. Women's health issues are seen from a broad perspective that emphasizes the impact of social factors on physical and mental health. Some of these factors are: low incomes among women, especially older women; sex stereotyping experienced by women dealing with the health care system and other institutions; conflicts in, and lack of support for, the dual role of many women as income-earners and family care-givers, and sexual discrimination.

A report on this program for the period under review is contained in Appendix III.

IV-6
National Welfare Grants

The National Welfare Grants Division funds research and development projects dealing with social welfare and social development issues impacting on policy, programs, and service delivery systems. Through project activities and other focused initiatives, the Division is working to maximize the quality, effectiveness, and accessibility of the formal and informal social support networks used by Canadians. Priority areas are chosen for targeted attention on a regular basis, e.g. social service issues affecting recent immigrants and refugees. The Division funds a range of projects which directly or indirectly benefit Canadian women, listed

below, as well as the family violence research projects cited in Section III-4 of this report.

The Division also administers National Welfare Fellowships for doctoral studies in social welfare or a closely related field. In 1990/91, 11 of 18 recipients of this prestigious award were women. The Novia Carter Fellowship, instituted in 1988 to honour Professor Novia Hébert-Carter, was awarded in 1990/91 to Linda Campbell of Winnipeg. The Division also administers Sustaining Grants to National Voluntary Social Service Organizations, cited in Section IV-3.

National Welfare Grants Division
Selected Projects of Concern to Women

Number	***Title***	***Funding***
24555-21-22	A Study of the Problem Solving Strategies of Homeless Women	$ 36,721
4555-66-7	Economic Stress, Social Support and Female Single Parents	$ 63,937
4577-14-8R	Les femmes vieillissantes au travail et à la retraite	$ 35,500
4577-15-12	Families of Alzheimer Victims: Patterns of Engagement in Caregiving and their Consequences	$ 42,096
4577-15-10R	The Impact of Respite/Daycare on the Burdens and Social Support of the Caregivers of Persons with Dementia	$139,159

V

FAMILY HEALTH

V-1
Family Health Strategy

The Family and Child Health Strategy evolved into a Framework for a National Child Health Agenda. Priority child health issues, potential goals and targets, and example strategies have been identified. Input was received from Branches within the Department through wide consultation. The developmental work on the Framework is in the process of being approved by senior management.

V-2
Hospital Advocacy on Breast-feeding.

The "Breast-feeding Advocacy Kit" was revised and distributed to hospitals. A prenatal breast-feeding pamphlet, "10 Great Reasons to Breast-feed", and a post- natal pamphlet, "10 Valuable Tips for Successful Breast-feeding", were developed for the promotion and support of breast-feeding. 860,000 copies were distributed free of charge through Family Communications publications.

V-3
Parenting Resource Project "NOBODY'S PERFECT".

Nobody's Perfect is an educational program targeted to disadvantaged parents of young children (0-5 years) which provides information on their children's health, safety, development and behaviour in the context of a parenting group. The program was delivered in eight provinces. Further implementation continued in partnership with provincial/territorial governments and voluntary organizations, as well as other Directorates and Branches of the Department.

V-4
Postpartum Parent Support Program.

The Postpartum Parent Support Program (PPSP) provides health professionals with a framework and educational resources to assist parents to develop skills and knowledge required for the new parenting role. It also enables a liaison and referral between the hospital and community health nurses in support of these families and strengthens a family-centred approach to maternity and newborn care.

The Canadian Institute of Child Health and the Canadian Public Health Association, under contract to the Department, implemented the program across the country. A total of 25 information sessions were held in 8 provinces and 11 orientation sessions in 3 provinces. The program was implemented in B.C., Saskatchewan, Manitoba and Ontario with others to follow.

The Department of Supply and Services promoted and distributed the program materials.

V-5
Childhood Injury

Data on the type of injury sustained as well as the circumstances in which the injury occured are being collected in the 10 pediatric hospitals in Canada.

By the end of March 1991, the database contained approximately 50,000 records. The data are regularly used to answer questions, mainly from government and the media, and are beginning to be used for scientific research. A general hospital in the Northwest Territories has been added to the original group of participants.

V-6
Birth Defects Surveillance

See section VIII-5.

VI

WOMEN'S HEALTH PROMOTION

VI-1
Mental Health

In collaboration with the Canadian Mental Health Association, the Department is working on the project "Social Support in the Workplace" to promote and improve mental health in the workplace. Although the project does not specifically target women, women will also benefit from that project.

Consultation work is being done on Services to Elderly Residents with Mental Health Problems in Long-Term Care Facilities.

VI-2
Nutrition

Nutrition Recommendations for Canadians and ***Canada's Guidelines for Healthy Eating*** were actively implemented with a specific focus on adults with limited literacy skills. Increasing public awareness and providing information about the guidelines included testing of guidelines and the development of a strategic plan for implementation with consumers of limited literacy. The guidelines were integrated into the programs of the Department and other agencies such as the VITALITY program and Heart-Health initiatives. Coordination and collaboration activities included distribution and promotion of the three major documents: ***Nutrition Recommendations...Call for Action***, ***Action Towards Healthy Eating***, and ***Action Towards Healthy Eating...Technical Report***. Presentations were made at conferences and workshops organized by provincial departments of health and professional organizations in addition to a national workshop in January 1991. In policy development and review, one guideline was modified and guidelines for the use of ***Nutrition Recommendations*** and ***Canada's Guidelines for Healthy Eating*** in food labelling and advertising were developed. Research and surveillance activities involved consumer testing of the guidelines and support for two nutrition surveys undertaken as part of provincial Heart-Health initiatives.

The revision of ***Canada's Food Guide*** continued with the development of a prototype which was tested with consumers and key sectors. Additional testing and consultation is underway.

The ***VITALITY*** program was launched in January, 1991 by Health and Welfare Canada and Fitness and Amateur Sport. The public awareness and information campaign in cooperation with PARTICIPaction to promote the ***VITALITY*** concepts of enjoyable healthy eating, enjoyable physical activity and a positive self and body image include television, radio and print public service announcements. Projects to involve professionals, educators and other environmental influencers are in the developmental stages.

VI-3
Tobacco

As part of the National Strategy to Reduce Tobacco Use in Canada, Health and Welfare continues to assign high priority to the issue of women and tobacco. The ***Background Paper on Women and Tobacco***, first released in 1988, has been updated and is to be distributed in 1991. As well, a film which deals with the issue of young girls and tobacco is currently under production and is scheduled for release in the fall of 1991. This film addresses such issues as body image, weight control, stress, advertising and peer pressure.

Other related projects in the tobacco program include:

- a public awareness and information campaign aimed at 12- to 17-year olds to promote positive attitudes toward not smoking;
- a development and pilot testing of an educational resource for community coaches aimed at 8- to 10-year old recreational athletes;
- a School Smoking Policy Survey was conducted and a report on the findings is being prepared;
- production of a teen smoking cessation program has begun; and
- planning has begun for the updating of the ***PAL Smoking Prevention Program***.

VI-4
Alcohol and Other Drugs

Substance abuse by women is increasingly becoming a matter of concern. The Alcohol and Other Drugs Unit works with other governmental and non-governmental partners in developing and coordinating substance abuse prevention materials. Under Canada's Drug Strategy, launched in 1987, youth (of both sexes) are the primary target group; women comprise a secondary target group. Several activities have been undertaken by the Alcohol and Other Drugs Unit during fiscal year 1990-91 that have a particular focus on women, for example:

- Planning for a national forum on "Substance Abuse: Empowering the Family", scheduled for September 12-15, 1991.

- The Unit has been working with the Family Violence Prevention Division on the development of an information resource on substance abuse and family violence, scheduled for publication in the fall of 1991.

- Many requests for information/assistance with respect to women and substance abuse have been responded to, including such issues as fetal alcohol syndrome effects, treatment needs of women, and the impact of substance abuse on families.

VI-5
AIDS Information and Education Services

The long term objective of AIDS education is to change behaviours that place individuals at risk of contracting HIV infection. Therefore, AIDS education programs must focus on changing sexual behaviour as well as intervention strategies for injection drug users.

The Health Promotion Directorate has undertaken consultations with departments of education, national education organizations, national ethnocultural organizations and women's organizations including representation from provincial/territorial governments, community groups and many other non-government organizations. The National AIDS Strategy, launched in June 1990, identified women, and preventing the spread of HIV and AIDS to women and their children, as a priority.

To guide the current and future activities underway in Canada with regard to Women and AIDS, the AIDS Information and Education Services Unit, Health Promotion Directorate, developed a discussion paper in the fall of 1990 entitled "Women and AIDS: A Challenge for Canada in the Nineties" which included barriers, opportunities, current situation and strategies for targeting education programs. The discussion paper compiled information from literature and extensive consultations with community, government and non-government organizations across the country who work with women or who are involved in HIV AIDS prevention for women for the development of this document. The paper outlines the short- and medium-term strategies and directions for women.

The federal response to World AIDS Day on December 1, 1990, in which the focus was women, was the development of several resources. A poster targeted to women was distributed to community groups and provinces/territories. As well, a Women and AIDS kit, which amalgamated the World Health Organization's resources along with a HWC produced fact sheet entitled "Facts About AIDS and HIV Infection in Women and Children" was developed. A seminar on Women and AIDS was sponsored by the Office of the Senior Advisor Status of Women to bring together national women's organizations and other interested groups to discuss the issues surrounding women and HIV infection and AIDS. (see Introduction).

VI-6
Cardiovascular Disease Prevention

The federal government promotes heart health in cooperation with the provincial heart health programs, non-governmental agencies, and continues to look for opportunities to collaborate with other groups who are interested in the promotion of heart health in women.

Planning for the International Heart Health Conference (May 1992) includes writing scientific papers on the area of women and heart health.

VI-7
Home Care - Federal/Provincial/Territorial Study

The Report on Home Care was published and distributed to individuals, and groups involved in the planning, funding and delivery of home care services. This report hopes to influence the manner in which the aged, the disabled and the ill are able to receive the most appropriate and effective care in their homes.

VI-8
Community Action Pack

Community Action Pack is a comprehensive resource kit that encourages self-help and a community development approaches to health. It covers all areas of community action, from needs assessment, to project development, management and evaluation. It is scheduled to be sold to all community groups in the Fall of 1991 on a cost-recovery basis.

VI-9
Federal Women's Film Program

This year, the end of phase II, marked the completion of 10 films which address women's issues including immigrant women, women as caregivers, drug misuse among seniors and rural women. The Health Promotion Directorate through the Family and Child Health Unit has provided financial support and consultation to this program since 1981. This provided an opportunity for federal government departments to pool resources in order to increase the number of informational, educational and promotional films produced by, about and for women.

VI-10
Cosmetic Labelling

To ensure that cosmetics are labelled appropriately and conform to standards, the Health Protection Branch (HPB) has prepared an Issue publication as well as a Dispatch entitled: Cosmetic Safety and the Consumer.

VI-11
Menstrual Tampons - Toxic Shock Syndrome (TSS)

In November 1990, HPB has published an Issue document entitled: Menstrual Tampons - TSS to promote new standardized absorbency designations and to inform women on how to minimize the risk of tampon-associated TSS.

VI-12
Field Operations Directorate Publications

Dispatch # 46	Infant Feeding
Dispatch # 57	Meal Replacement in Weight Loss Programs
Dispatch # 58	Sexually Transmitted Diseases
Dispatch # 44	Sunlamps and Tanning Facilities - A Burning Issue
Dispatch # 53	Sweeteners from A to X
Dispatch # 55	Diagnostic X-Rays and You

VI-13
Breast Implants

A revised copy of the booklet Breast Augmentation is expected for early 1992.

VII

WOMEN'S HEALTH RESEARCH

VII-1
Mental Health

A literature review entitled ***Interdisciplinary Perspectives on Sex-Related Differences in Depression: Implications for Theory, Research, Policy*** was prepared in the context of the discussion paper, ***Mental Health for Canadians***: Striking a Balance. Summary of the research has been completed for future dissemination.

As part of the Federal/Provincial Working Group on Mental Health Information, the Mental Health Division initiated and advocated for, inclusion and funding for a mental health scale (Bradburn scale) in the 1991 General Social Survey. This will be a joint project by Health and Welfare Canada and Statistics Canada. There will also be a National Survey on Aging and Seniors as planned. This will permit analysis on a gender basis and linkage with other aspects of health as measured in the survey.

VII-2
Cancer

The Cancer Division of the Bureau of Chronic Disease Epidemiology is involved in a program of disease surveillance and research into risk factors for chronic diseases, especially cancer and cardiovascular diseases. Studies are outlined below:

a. *Lung Cancer and Radiation Exposure:*

This case-control study of women and men with lung cancer in Timmins, Ontario was completed in 1990-91. The results showed no statistically significant association between residential radiation exposure and the development of lung cancer.

b. *Diet and Cancer:*

The study of the relationship between breast cancer and alcohol consumption in women is under way.

c. *Breast Cancer--Female Cancer Temporal Pattern Study:*

The incidence and mortality trends of cancer of the breast, cervix, uteri, uterus corpus and ovary were analyzed for Canada and the provinces. This project was completed in 1990-91 with the publication of two journal articles.

VII-3
Breast Cancer

In the summer of 1990, all Provinces and Territories were invited to be part of an ad hoc group to follow-up on the recommendations of the workshop "Interchange '90 - A Canadian Forum to Collaborate on Breast Cancer Program Development". British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Nova Scotia agreed to participate. Since then one meeting was held, in November, 1990 and another one has been scheduled for June 1991.

To date, the Group's discussions have concentrated around the development of a minimum common data base. An action plan and proposed operational mechanism have been developed. The next meeting was scheduled to be held in Toronto, on November 13-14, 1991.

VII-4
Cervical Cancer

A National Workshop on Screening for Cancer of the Cervix was held in November, 1989 to review prior recommendations on screening for cancer of the cervix (1982) and to propose an integrated programme for screening for cancer of the cervix within Canada's Health Care System.

Since the approval of the recommendations of the workshop by the Conference of Deputy Ministers of Health in November 1990, the Department has sought and obtained their concurrence to have the summary report submitted to them, published in the Bulletin of the Canadian Society of Cytology. In addition, an agreement was reached with the Canadian Medical Association, to publish the complete report of the Workshop in its Journal.

In keeping with the recommendations of the Workshop, the Department planned a meeting in the Fall, 1991, of Provincial and Territorial Departments of Health, the Canadian Cancer Society, the National Cancer Institute of Canada and relevant professional associations to discuss follow-up activities.

VII-5
Brain Cancer Study

The initiatives undertaken on brain cancer are:

- Study of brain cancer patterns in Canada: completed.
- Study the effect of CT scans: completed.
- Study the effect of prescription drugs on brain cancer risk: ongoing.
- Compare tumour classification: ongoing.
- Brain cancer workshop: completion by end of October 1991.

Four journal articles will follow.

VII-6
Cancer Registry and Control in Canada

This collaborative project of Health and Welfare Canada, Statistics Canada and the provincial cancer registries was ongoing in 1990-91. The anticipated completion date for the publication of the Monograph of Cancer Incidence in Canada, 1969-1988 is 1992.

VII-7
Canadian Cancer Statistics (Annual)

Canadian Cancer Society, Statistics Canada and provincial cancer registries are collaborating to prepare annual cancer statistics on the Canadian population that can be appreciated by the general public. A booklet entitled Canadian Cancer Statistics is published annually.

VII-8
Guidelines for Assessing New Drugs for Breast Cancer Treatment

The role of Health Protection Branch is to facilitate effective control of breast cancer by analyzing, assessing, processing and monitoring treatment protocols which are proposed by drug manufacturers, National Cancer Institute of Canada, Clinical Trials Group or recognized investigators. Such protocols may propose the use of newer chemotherapeutic or hormonal agents which have shown activity against breast cancer but are not yet on the market. The Bureau also must assess the efficacy and safety of new drugs that are submitted for marketing as a treatment for breast cancer, and expedite the review of the most promising ones.

VII-9
Effects of Breast Implants on Mammography.

An internal report based on literature search has been drafted by the Bureau of Radiation and Medical Devices. Experimental evaluation is contingent on the availability of a mammography laboratory.

VII-10
Canadian AIDS Resource List

Cooperative effort with Health and Welfare Canada and the Canadian International Development Agency to identify individuals for short, medium or long-term projects on an as-needs basis.

VII-11
National AIDS Surveillance System

The program monitors all reported AIDS cases in Canada.

To March 4, 1991 there were 4,768 cases of AIDS reported to the National Surveillance Program. It is estimated that 25,000 to 30,000 Canadians are infected with the Human Immunodeficiency Virus (HIV), the cause of AIDS.

As of March 1991, six percent of reported AIDS cases in Canada were female (241 adult, 26 children). The risk factors for the 241 adult female cases include injection drug use (6%), blood/blood product recipient (25%), heterosexual activity (60%). Risk factors were not identified in nine percent of female cases. The heterosexual activity category includes (a) women who originated in a country with a high prevalence of HIV infection and where heterosexual activity is the primary mode of transmission of HIV, and (b) women who reported heterosexual activity with a high-risk person.

The first AIDS case was reported in Canada in February 1982, approximately eight months after the syndrome was described in the United States. The proportion of women among all AIDS cases in Canada has remained relatively stable over time, representing between five and six percent since 1985. The provinces of Ontario and Quebec have reported approximately eighty percent of all AIDS cases in women in Canada.

VII-12
HIV Prevalence Research

A project to determine the extent of HIV infection in large population-based groups (e.g. pregnant or child-bearing women) and selected target groups is ongoing.

VII-13
Pilot Intervention Programs For Injection Drugs Users

The Department is cost-sharing two-year pilot projects in the provinces of British Columbia, Alberta, Manitoba, Ontario, and Québec to determine the effectiveness of intervention strategies and to obtain information on risk behaviour and rates of HIV infection. The projects include women as injection drug users or sexual partners of injection drug users, started in 1989 and are to be completed by 1991.

VII-14
Sexually Transmitted Diseases (STD)

a. Study of Prevalence of Human Papilloma Virus (HPV) Among a Population of Active Women

The feasibility study was completed in 1990-91.

b. Study of HPV as a Precursor Risk Factor of Cervical Cancer

The lead for studies relating to human papillomavirus infection among native women and relating to risk of cervical cancer is being taken by the Bureau of Chronic Disease Epidemiology. A research proposal from Winnipeg is being assessed.

c. Gonorrhea in Children and Adolescents

Studies of the incidence of gonorrhea in children and adolescents are being funded from within the Family Violence Initiative. The Division of STD Control is collaborating with the National Laboratory for STD in the collection of detailed biological and epidemiological information on all children 12 years of age with gonorrhea in Canada for a period of two years beginning in October 1991. A sample of all other cases of gonorrhea, including those from adolescents aged 12-15 years, will also be studied as regards epidemiological and biological characteristics.

d. Chlamydia

A workshop on the control of chlamydia was organized jointly by the Division of STD Control and National Laboratory for STD, Chlamydia Section, in March 1991. Laboratory and public health representatives attended from all the provinces and territories and a full report of this meeting will be forthcoming in due course. From an epidemiologic point of view, the meeting was very valuable in that the first national data set on the number of reports of chlamydial infection was collected.

In addition to the projects reviewed above, the Division of STD Control is collaborating with the Chlamydia Section of the National Laboratory for STD on two projects. These projects will aid analysis of the prevalence of chlamydial infection in different populations. The first project which should begin in October 1991 will be in collaboration with the Sexually Transmitted Disease Clinic of the Ottawa-Carleton Regional Department of Health and will produce data on prevalence of infection in adolescents and young adults. The second project is being carried out in conjunction with the Medical Services Branch and again will lead to the availability of information on the prevalence of infection among young native Canadians. The time frame of the second project is not yet confirmed.

VII-15
STD Surveillance

Routine STD surveillance continues. A report on the epidemiology of gonorrhea in Canada from 1980 to 1989 was published in 1991. Reports on the epidemiology of syphilis and chlamydia are expected in 1991.

Updating of an estimate of the cost of pelvic inflammatory disease and ectopic pregnancy in Canada commenced at the beginning of 1991. Although the process was slower than envisaged, a report will be available later in 1991.

VII-16
STD Epidemiological Research

A staff member of the Division of STD Control is in the process of writing a report of the analysis of determinants of risk of STD in Grade 11 students using the ***Canada Youth and AIDS Study*** data base. This report, in the form of a Masters in Epidemiology thesis, is scheduled for 1991.

VII-17
Canadian Guidelines for the Diagnosis, Management and Treatment of STD

A meeting was held in March 1991 with public health representatives from each province and representatives of a large number of organizations to begin the process of updating the ***Canadian Guidelines for the Diagnosis, Management and Treatment of STD in Children, Adolescents and Adults.*** Revision of the guidelines as a result of this meeting and further discussions with public health and organizational representatives continues. A completed revision is anticipated by the end of 1991 or early 1992.

A project to evaluate the ***Canadian Guidelines for the Diagnosis, Management and Treatment of STD*** has taken place. A contract with the College of Family Physicians of Canada was signed in 1991 and information from a sample of primary care physicians across the country on their treatment practices of STD will be available by the end of 1991.

VII-18
Listeriosis Surveillance and Case Control Study

A case-control study of listeriosis is being conducted by the Bureau of Communicable Diseases of the Laboratory Centre for Disease Control. Listeriosis infection during pregnancy can have disastrous consequences for the fetus, including fetal death and malformations. A major goal of the study is to investigate how much of the disease in Canada might be food-borne.

VII-19
Communicable Diseases Surveillance

This includes ongoing documentation of case-specific communicable diseases and collection of demographic and risk factor information on these cases in order to guide prevention programs and set health goals.

VII-20
Vaccine Adverse Reaction Surveillance

The Bureau of Communicable Disease Epidemiology Surveillance Division collects information on adverse reaction to immunizing agents. Provincial health authorities are contacted in cases where an unusual situation develops and a complete investigation is then conducted.

VII-21
Immunization Guidelines

The National Advisory Committee on Immunization (NACI) meets on a regular basis to develop guidelines on the use of vaccines in Canada. The various guidelines are collected and published every four years in the "Canadian Immunization Guide". The third edition of the guide was published in 1989, and the committee is currently working towards publication of the fourth edition.

VII-22
Outbreak Surveillance of Disease Clusters

This activity applies mainly to the Bureau of Communicable Disease Epidemiology. However, in 1990-91, the Bureau of Chronic Disease Epidemiology was involved in the ongoing monitoring of incident Eosinophilia-myalgia syndrome cases in collaboration with the US Centers for Disease Control. The Canadian experience was published in the Canadian Medical Association Journal (June 1990) and in the Morbidity and Mortality Weekly Report (May 18, 1990).

VII-23
Research in Family Planning

On November 7, 1989, the Minister at the time, the Honorouble Perrin Beatty, annouced that a minimum of $500,000 a year over the next three years would be awarded for research into family planning issues, including contraception and problems in fertility. The NHRDP in collaboration with the Health Services Directorate distributed a Call for letter of Intent for research proposals. A total of twenty-six letters were received.

VII-24
Extramural Support (NHRDP)

A report of this program for the period under review is contained in Appendix IV.

VII-25
Research and Aging

One of the important issues facing Canadian society is the aging of the population. To help plan for and respond to the changing needs of an aging society, the Department is involved, in an ongoing basis, in research projects and activities. As an example, the Department is involved in developing a survey that will examine the factors involved in independent living and aging. This survey will help identify policy and program responses for the aging population of the 1990's and beyond.

VII-26
Canada's Elderly, Projecting Health and Income Demography (CEPHID)

In cooperation with Statistics Canada, Canada Mortgage and Housing Corporation and the Institute for Research on Public Policy, the Department is supporting the development of an integrated database and projection model on Canada's health, income and demographic characteristics over the next 25 years. A test version of the model is scheduled for 1991 and a workshop will be held to consider the social support needs of older Canadians in projected scenarios.

VII-27
Health and Independence Expectancy of Canada's Seniors

Various partners within the Department and Statistics Canada have undertaken to prepare a report, before the end of 1991, on the Health and Independence Expectancy of Canada's Seniors. The objective of the report is to examine the relationship between health status and independence by various socio-demographic characteristics of older Canadians.

VII-28
Determinants of Healthy/Independent Aging

Seniors Independence Research Program (SIRP) is part of the Seniors Initiative. It stimulates and supports research on the health and social issues related to Alzheimer's disease, osteoporosis and other disabilities which affect the independence of seniors. Two widely disseminated documents include the ***Senior's Independence Research Program Inventory of Funded Projects*** and ***The Determinants of Healthy Aging: Summary Report of a Workshop held***

in Winnipeg which was sponsored by the NHRDP through the SIRP.

VII-29
Aging - Related Diseases

a. Study of Aging and Water Constituents

This study was completed by March 31, 1991. A letter was published in the Lancet by L. Neri and D. Hewitt (August 10, 1991) showing an increasing risk of Alzheimer's disease with increased levels of aluminum in drinking water.

b. Canadian Study of Health and Aging

A pilot study was conducted in the fall of 1990, and data collection for the main study started in February 1991.

c. Study of Viral Infections and Alzheimer Disease.

This study was completed by March 31, 1991.

VII-30
Guidelines for Geriatric Prescription Drug Information for Marketed Drugs

The aging population continues to increase and includes a greater number of women particularly in the age group 80 years and over. Increasing age results in many chronic diseases, with consequent multiple drug therapy in an age group at greater risk for adverse drug reactions. More specific prescribing information is required on the elderly including drug dosage and drug-drug interaction. A project has been started to provide such information in marketed drugs most frequently used by the elederly.

VII-31
National Health Information Council

NHIC is a federal/provincial/territorial advisory committee reporting to the Conference of Deputy Ministers of Health. Its current priorities include the development of health indicators and information on community health, mental health and occupational health as well as improved methodologies for, and coordination of, health surveys. These efforts will provide researchers and decision-makers with the necessary information base to expand knowledge and programs on women's health.

VII-32
Fitness and Physical Activity--Risk Assessment

This study is in the planning stage. Journal articles are expected to be published in 1992.

VII-33
Asthma Surveillance

This project began in 1988 with the Laboratory Centre for Disease Control (LCDC) National Workshop on Asthma. Three conference presentations were made in 1990-91 and one journal article will be published in the Canadian Medical Association Journal.

VII-34
Renal Failure in Canada

A number of studies were undertaken:

- Study of survival experience of renal failure patients: ongoing.
- Study of renal failure among Canadian Natives: expected to be completed by November 1991.
- Study of cancer incidence among renal failure patients: expected to be completed by November 1991.
- Assess the economic impact of renal failure in Canada: should be completed by Spring 1992.

VII-35
Ischemic Heart Disease--Risk Assessment (Dietary Factors)

Data on time trends ischemic heart disease mortality in relation to food consumption were collected in 1990-91. The anticipated completion date for a journal article is 1992.

VII-36
Cardiovascular Diseases Mortality and Morbidity

Data on cardiovascular diseases mortality and morbidity (1950-1988) are being analyzed by various parameters (age, gender, region, etc.). The anticipated completion date is 1992.

VII-37
Mortality Atlas of Canada, Volume 4

The public release of the above-mentioned publication was scheduled for June 1991.

VII-38
Do Women Take More Psychotropic Drugs?

The project describes the use of the various psychotropic substances by men and women in Canada. This consists of examining and comparing the age sex distribution of users of some of the psychotropic substances and to examine the relation of some social factors. While women take more medical mood altering drugs, a broader look at mood altering substance use shows that men use more of the other mood altering substances, such as alcohol, and marijuana and hash. When all types of mood altering substances are put together, men are equal or greater users.

VII-39
Multiple drug use in Canada

The objective of this project is to examine the factors that affect multiple drug prescription (Rx) or multiple over-the-counter (OTC) drug taking behaviour in Canada. When adjusted for age and other variables, drug behaviour did not differ greatly between women and men. Only for women was smoking more than 20 cigarettes a day a predictor of increased Rx drugs use.

VII-40
Ad hoc Expert Advisory Committee on Conjugated Estrogens

Conjugated estrogens products are important for the treatment of menopausal symptoms in women, including osteoporosis. Recently the sale of generic products in the USA was discontinued on the basis that it is necessary there to demonstrate bioequivalence before products can be deemed to be interchangeable. The Ad hoc Expert Advisory Committee was formed in the spring of 1991 to advise the Branch in this matter. It has met twice (once in telephone conference) to consider written submissions for the originator (Ayerst Laboratories) and two generic companies, and plans to meet again in November in open conference at which manufacturers will make oral presentations. Its report was due by December 31, 1991.

VIII

REPRODUCTIVE HEALTH

VIII-1
Adolescent Sexuality: Promoting Sexual Health

A report on Adolescent Reproductive Health is addressed to leaders in the community involved in the planning and coordination of adolescent programs and services. This provides a profile look at adolescent reproductive health and strategies for action at the federal, provincial and territorial levels. This report has been widely disseminated across Canada.

The Department's Family and Child Health Unit prepared a brochure targeted to young people aged 15 to 24 on Sexually Transmitted Diseases. The brochure was distributed through provincial governments to clinics, health units, doctors' offices and schools.

VIII-2
Royal Commission on New Reproductive Technologies

On October 25, 1989, Prime Minister Brian Mulroney announced that Dr. Patricia Baird, Professor and former Head of the Department of Medical Genetics, University of British Columbia, would head a Royal Commission on New Reproductive Technologies. Eight other Canadians, distinguished in their respective fields, were also appointed: Bruce Hatfield; Martin Hebert; Grace Jantzen, Maureen McTeer; Suzanne Rozell Scorsone; Louise Vandelac; Bartha Maria Knoppers; and Susan McCutcheon.

The Commission's mandate is to inquire and report on current and potential medical and scientific developments related to new reproductive technologies. The Commission will consider social, ethical, health, research, legal and economic implications of these technologies.

The Commission, which will recommend policies and safeguards to be applied to scientific advances in the field of reproductive technologies is scheduled to report by October 1992.

VIII-3
Review of Safety and Efficacy of Contraceptives

The "Today's" sponge, as well as female condom submissions from manufacturers, are being reviewed by the Health Protection Branch (HPB).

VIII-4
Revised Labelling for Oral Contraceptives and Update of 1985 Report on Oral Contraceptives

HPB Information Letter No. 783, issued in September 1990, included revisions recommended by the Special Advisory Committee on Reproductive Physiology to the HPB. Comments have been received from interested parties and the Committee is presently working towards finalizing the labelling revisions.

Work is also proceeding on an update of the 1985 Report on Oral Contraceptives, Health and Welfare Canada, Catalogue No. H49-28/1985.

VIII-5
Birth Defects Surveillance

A surveillance program to monitor the occurrence of all birth defects to babies born in Canada is ongoing. Information has been made available upon request.

VIII-6
Birth Defects Atlas of Ontario

A Birth Defects Atlas of Ontario 1978-1988 is scheduled to be completed in June 1991 with a draft report to follow.

VIII-7
Ectopic Pregnancy Surveillance in Canada

This project includes annual surveillance of ectopic pregnancy (EP) using readily available data from Statistics Canada and one special study utilizing data from the Saskatchewan Hospital Services Plan. For national data, estimates are made of the proportion of reported pregnancies (livebirths, stillbirths, legal abortions, ectopic pregnancies) which result in an ectopic pregnancy. These estimates are used to describe the experience of Canadians of child-bearing age, and subgroups based on year of birth.

The Saskatchewan data is the basis for a case-control study of some risk factors for EP, in particular, surgical risk factors.

VIII-8
Menopause

The Health Protection Branch Special Advisory Committee on Reproductive Physiology is

preparing a Report on the Medical Management of the Menopause with special emphasis on prevention of osteoporosis and coronary artery disease.

VIII-9
Chemical Safety

a. Effects of PCBs on Reproduction

A study on the effects of PCBs on monkeys has been completed and indicates that PCBs can reduce the chances of a successful pregnancy. Although this occurs after ingestion of PCBs at levels higher than those encountered in any part of the Canadian food supply, the results identify the monkey as a sensitive model to use in future toxicology studies that wish to examine reproductive effects. The same study has shown that the immune system of monkeys is also affected, resulting in a reduction of the body's normal defence mechanisms against infection and disease.

b. Improve Methods for Evaluating Teratogenic Potential of Chemicals

Ongoing studies on the teratogenic potential of chemicals have shown that it is important to be aware of the chemical effect on maternal physiology. These studies will help in the interpretation of results obtained from currently used testing procedures and should help avoid both the improper classification of chemicals and the resultant concern.

c. Monitoring of PCBs in Human Milk

A surveillance program to study PCBs and other selected environmental contaminants in breast milk is ongoing; samples are taken cyclically every five years. Results of analysis from the 1986/87 survey are now available. Comparison of the data with that from the previous survey in 1982 indicates a considerable reduction in levels of PCBs and certain other chlorinated contaminants. Planning is now underway for an expanded survey of some 600 samples in 1992.

IX

WOMEN'S OCCUPATIONAL AND ENVIRONMENTAL HEALTH

IX-1
Canadian Farm Operator Cohort Study Cancer Linkage

This study is being conducted by the Laboratory Centre for Disease Control (LCDC) in collaboration with the Environmental Health Directorate and Statistics Canada. No information is presently available on occupational cancer risks in Canadian female farm operators, although evidence is accumulating that male farmers are at an increased risk of certain types of cancer. This problem is being addressed by the Canadian Female Farm Operator Study in epidemiologic cohort study of 14 000 women farm operators identified in the 1971 Canadian Census of Agriculture. The study will particularly examine relationships between farming-related activities such as the use of agricultural chemicals and fuels, or contact with livestock, as well as socio-economic factors, and the risk of suffering from various kinds of cancer. The results of this study will be useful in informing farm women of occupational cancer risk factors, and in developing means of reducing occupational cancer risks for farm women.

IX-2
Great Lakes Health Effects Cohort Study

a. Pilot Exposure Assessment Study

This is a pilot study of the ***Great Lakes Health Effects Cohort Study*** is being conducted by the Environmental Health Directorate in collaboration with the Laboratory Centre for Disease Control and the Foods Directorate.

The Great Lakes Health Effects Cohort Study will be looking at the health effects associated with exposure to environmental contaminants through the consumption of contaminated fish from the Great Lakes basin. The Pilot Exposure Assessment Study will examine the relationship between consumption of contaminated fish and levels of contaminants in human blood. Blood levels of environmental contaminants such as PCB's, DDT and mercury will be measured and compared between sport fish consumers and non-consumers. The study will be conducted on female and male volunteers across all ages from the Cornwall and Mississauga, Ontario areas. This information is needed to assess exposure to contaminants through fish consumption and to design the health effects studies.

b. Ontario Cohort Study of Great Lakes Fish and Wildlife

An additional initiative of this study is to determine whether consumption of sport-caught Great Lakes fish and wildlife is a hazard for reproductive health and child development. The study is ongoing.

c. Exposure to Contaminants in the Great Lakes Basin and Reproductive Health in Canadian Women

In 1991, the Government of Canada released a report on ***Toxic Chemicals in the Great Lakes and Associated Effects,*** which indicated that contaminants in the Great Lakes basin are found at low levels also in humans, including in the reproductive organs and in breast milk. The Department is therefore undertaking several studies under its Great Lakes Health Effects Program, in order to determine whether the reproductive health of Canadian women is being affected by environmental contaminants. These initiatives include analyses of contaminants in human ovarian follicular fluid, placentas, breast milk, blood and various tissues, as well as epidemiologic studies: the Congenital Anomaly Study, and the Ontario Cohort Study.

d. Reproductive Endpoints

The project to determine the effects of priority Great Lakes contaminants on reproductive endpoints involves a number of closely linked studies that aim to investigate the effect of contaminant exposure on ovarian toxicity. In the monkey, we are trying to establish a relationship between serum hexachlorobenzene levels and those found in follicular fluid. We are also trying to establish a "no effect" level for this persistent environmental contaminant. The tissue and subcellular localization of hexachlorobenzene in rats is being investigated in an effort to provide some insight to the mechanisms of action of this compound's demonstrated ovarian toxicity.

e. Analysis of Human Follicular Fluid and Seminal Plasma for the Presence of Priority Great Lakes Contaminants

This study aims to investigate the levels of priority Great Lakes pollutants in the follicular fluid and seminal plasma of participants of in vitro fertilization programs from six Canadian cities. A questionnaire has been developed to help localize the source of contaminants and identify at risk occupational groups.

IX-3
Winnipeg Case-Control Study of Radon and Lung Cancer

Selection and interviews are complete for 760 pairs of cases of women and men with lung cancer and matched controls in Winnipeg, Manitoba. This study examines exposure to cigarette smoke (active and passive), domestic radon levels, and dietary patterns in relation to risk of developing lung cancer. Radon measurements in current and previous homes is in

progress. The study is scheduled for completion in 1993.

IX-4
Birth Defects and Drinking Water Quality

The topic for this study changed during 1990-91. The exposure aspect of the original study was dropped (drinking water quality). Instead, the results focused on the outcomes studies (birth defects) in the form of the Birth Defects Atlas of Ontario and are reported in the section VIII-6 of this report.

IX-5
Reference Women (BOMAB) Phantom

The Human Monitoring Laboratory has built and tested the Reference Woman BOMAB phantom that can be used to calibrate (or assess) whole body counters, thorax counters, and thyroid monitors. It provides better calibration data for in-vivo monitoring of all women potentially exposed to internal contamination by radionuclides. This phantom has now been in use in the National In-Vivo Intercomparisons program since 1990 and the work on breast overlays is proceeding.

IX-6
Assessment of the Risk of Ultrasound Heating of the Fetus During Fetal Doppler Diagnostic Ultrasound Blood Flow Examinations

The Bureau of Radiation and Medical Devices participated in the United States committee preparing the voluntary standard. A data base has been established, a paper was presented at a conference, a summary article is being prepared for publication and work on an educational article is underway.

IX-7
Survey of Mammography Equipment and Practices in Eastern Ontario

Mammography facilities and equipment have been inspected and a data base established. Completion of the report is scheduled for 1992.

IX-8
Radiation Risk of Bone Densitometers

This study will analyse the radiation levels and risks connected with the use of bone densitometers on patients undergoing X-ray bone scan, usually women for osteoporosis, and

designers and operators of X-ray equipment. It is scheduled to start in 1992.

IX-9
Effects of Breast Implants on Mammography

See section VII-9.

IX-10
National Dose Registry Cohort Study

This ongoing study aims to obtain risk information on Canadian workers exposed to ionizing radiation as recorded in the National Dose Registry.

IX-11
Safety Code for Mammographic X-Ray Equipment

The production of a safety code dealing with patient radiation safety, occupational safety and mammographic equipment effectiveness is scheduled to start in 1993.

IX-12
National Occupational Exposure Surveillance Program

There is an ongoing program to collect information on health care workers exposed to HIV-infected blood as a job-related incident.

IX-13
Women's Occupational Health

Plans are underway, to hold a Research Roundtable on Women's Occupational Health in June 1992.

IX-14
Mobilization of Lead During Pregnancy in the Non-Human Primate

The goal of this study is to examine the movement of lead from bone stores to the circulation and fetus during pregnancy in the chronically low level lead-exposed cynolomolgus monkey. Groups representing both childhood and adult exposures are included in this study. This study will expand the literature concerning the risk of prior lead-exposure, represented by mobilizing from bone, on the developing fetus.

IX-15
Reproductive Toxicity of Chronic Lead-Exposure in the Female Cynomolgus Monkey

This study examined the effect of chronic low level lead-exposure on reproductive endpoints in the female cynomolgus monkey. This study is the first to demonstrate that low circulating levels of lead (approximately 35 ug/dL) are sufficient to induce suppressed levels of reproductive hormones (LH and FSH) without causing any change in menstrual cycle characteristics.

IX-16
Public Service Health

While the Employee Assistance Services did not target any special initiatives during the past year they continue to provide on-going services to female employees, especially those who are experiencing family violence. The EAS also cooperated with the Canadian Council on Social Development and the Family Violence Prevention Division to ensure that this topic was included on the agenda for INPUT '91 and the national Employee Assistance Program (EAP) conference: The 9th Canadian Biennal Educational Symposium on Employee Assistance Programs in the Workplace.

In ***Ontario*** region programs specific to the promotion and publication of improved health for women included:

- brown bag lunch sessions on breast self-exam, cancer and women, etc.

- Kiosk's and/or displays on "Women and Aids" and menopause were held during women's week, and 225 women and 75 men participated. Follow-up counselling and individual information sessions were offered in the confidential atmosphere of the health units. The Kiosk on "Women and Aids" exposed a potential concern of single women over fifty who had been widowed or divorced. This group felt that they did not have enough information on how to promote safe sex in their dating pool of the same age. Apparently a need for changing attitudes exists as does a requirement for more information on preventative practices for this group.

- Group sessions directly presented to women included such topics as special information sessions on VDT operators, pregnancy and the use of lead aprons, weight loss and osteoporosis.

- A panel discussion which included speakers on women's issues was coordinated for all National Capital Region (NCR) nursing personnel as part of their in-service education program. The objective was to raise awareness of staff to the health education needs of their female clientele with the subsequent objective of developing responsive programs.

- Those units that cover potentially hazardous work sites female employees are being informed of occupational and environmental hazards as part of the annual physical evaluation program. Women and their spouses who are in the reproductive years are especially targeted for teaching.

- Pregnant women are informed about alcohol/drug abuse and the benefits of breast feeding. Employees who are single parents of teenagers are offered parenting information.

- Units that are included as part of the orientation of new or summer students sessions seize this opportunity to educate women about sexually transmitted diseases, breast self-exam and to promote regular Pap tests.

In ***Pacific*** region a Public Service Women Network has started and Medical Services Branch (MSB) has played a lead role. The membership has met several times to discuss issues and make recommendations. The enthusiasm and interest has been excellent and the membership is growing daily.

Health Education and Promotion topics covered topics such as mammography, breast self-examination, menopause - myths and realities, and reproductive health as well as stress management, health hazards appraisals, fitness and many other topics.

Atlantic region has indicated that with the large number of women in the workforce there is an increasing requirement for programs and initiatives specifically targeted to women:

- Occupational Health Nurses have been involved in committees charged with preparing programs, arranging for special speakers and leading sessions for International Women's Day programs. Several stress management sessions for groups of women have been presented in response to requests for departmental committees. Cancer prevention education sessions continue to be very popular.

- Threats of violence in the workplace are becoming more of a reality. Efforts have been underway to install emergency response systems in areas where staff work alone in health units, EAP offices and Medical Services clinics.

- Considerable time and effort is being expended in assessing work sites where women are required to spend the greater part of the day. Ergonomics, lighting, visual acuity and work breaks are evaluated and recommendations for improvement are made to management when required.

- Health promotion activities including weight control, stress management, nutrition, fitness, health in retirement, menopause, osteoporosis prevention are presented to groups and individuals.

- Occupational Health Nurses are involved in health counselling and play an active role in assessing and referring clients to appropriate resources for specialized treatment in

the community.

- The regional EAP consultant conducted several sessions on Adult Children of Alcoholics for women of the Department of National Defence, as part of a drug and alcohol session.

Alberta region also conducted sessions on breast self-examination, AIDS awareness programs, sexually transmitted diseases as well as health education programs targeting health concerns of the workplace and lifestyle.

In ***Quebec*** a variety of programs of special interest to women were offered including cancer prevention programs, Women and Aids and a Kiosk for International Women's Day. Because of the large number of women in Revenue Canada, the occupational health nurse has implemented a program on Pregnancy and Work.

X

ACTIVE LIVING AND SPORT

X-1
Fitness and Amateur Sport

Fitness Canada has discontinued their Women's Program position and under the direction of an external advisory committee is integrating the women's program components into all the existing and new Fitness Canada programs areas. To date no specific actions have resulted from this integration strategy.

Sport Canada is planning to fill their vacant position of Women's Program Manager and also to increase its commitment to women in sport.

X-2
Sport Canada

The Women's program is focusing on three areas: Community Initiatives; Gender Equity; and Leadership.

a. Community Initiatives

The major developments in this area are:

- The establishment of ***community liaison (advocacy) committees*** that are working with community partners to design and implement gender equity leadership and participation models at the community level.

- The ***On The Move*** community recreation program which promotes opportunities for girls aged 13-17 to get involved in a competitive team sport activity, emphasizing fun, participation and recreation.

- ***The National Sport for All Women's Day*** that was a pilot in Ottawa in 1990 is being expanded to other communities for 1992. The purpose of the National Day is to celebrate, educate and promote women's accomplishments in Sport-for-all events around the participation and achievements of girls and women in physical activity and recreation.

- ***Skip to the beat*** a film to encourage 12-16 year old girls to be physically active. The film contrasts peer role models from a variety of cultural, racial and ethnic backgrounds and abilities who explore their experience of being physically active with a couple of

"couch potatoes" who are not interested in any form of body movement.

b. *Gender Equity*

- ***The National Association Contribution Program*** has funded special programs for women through National Sport governing bodies. For 1991, 12 National Associations are receiving direct funding aimed at bringing about increased participation and leadership opportunities for girls and women in sport.

- ***The Canadian Association for the Advancement of Women in Sport (CAAWS)*** has received operational assistance for the first time from Sport Canada. The mandate of CAAWS is to be the national educational and advocacy association for the advancement of girls and women in physical activity and sport.

- The study ***The Gender Structure of National Associations*** by Cullen Hall and Slack has been released. This study reveals the organizational and systemic issues facing women in sport as well as the status of women in sport concerns and programs within National Sport Organizations.

- ***The 2nd edition of the Women's Sport Bibliography*** has been produced by Helen Lenskyj. After the great success of the first volume, the second edition is being sold through The Department of Supply & Services.

c. *Women in Sport Leadership*

- The annual ***National Coaching School for Women*** was held at the University of Manitoba. The 1991 School offered level 2 NCCP theory as well as level 2 and 3 Technical Certification in the Sports of Basketball, Volleyball and Soccer. The school brings together coaches, tutors, academics and instructors to teach women how to coach from an athlete centred approach and a feminist perspective.

- The Coaching Association of Canada (CAC) took over the responsibility for the ***technical unit of the Women in Sport Leadership program.*** This year CAC offered 6 career development grants (full-time salary subsidies); 4 professional development coaching grants and 2 scholarships for women coaches to study at the National Coaching Institute in Victoria.

- A National Survey titled ***Women in Sport Leadership: An issue for Sport*** was released in early 1991. The survey focuses on the status of women in leadership positions within Canadian National Sport organizations.

XI

ABORIGINAL AND NORTHERN WOMEN

XI-1
Violence

Funding was provided to First Nations communities for projects addressing family violence issues through program development, research, training and awareness programs. A total of fourteen projects were funded by Medical Services Branch (MSB). Nine of these projects dealt specifically with child sexual abuse.

Work undertaken by child sexual abuse projects funded through these initiatives covered a range of activities and regions. Examples of these projects include:

- The completion of a survey by the Caribou Tribal Council in British Columbia to look at the impact of residential schools and the extent of child sexual abuse in selected Indian communities.

- The production of a video and information kit on child sexual abuse by the Peigan Reserve in Alberta. MSB is presently planning to produce and distribute this information to other First Nations communities.

- The production by Pauktuutit (Inuit Women's Association) of a bilingual (English and Inuktitut) booklet for Inuit communities on child sexual abuse.

Family violence projects included:

- A survey by York University of the Six Nations Reserve in Ontario to assess and evaluate legal and traditional methods of treatment for men who batter women.

- The development of a treatment training module for health and social services personnel working with physically abused women by the Kitigan Zibi Human Services in Quebec.

- A number of projects were funded in Saskatchewan with education/awareness as the main focus. As a result, the need for treatment services became more apparent and resulted in a further family violence initiative. Saskatchewan Region is working closely with Indian and Northern Affairs Canada (INAC) to provide opportunities for communities to experiment with various innovative healing approaches. Women and youth are the primary targets of this initiative although it has been clearly identified that men also need to be included in therapy. There is increased consultation with various government agencies and Indian governments involved in family violence initiatives.

- In Quebec a program on community prevention of family violence is offered through the National Native Alcohol and Drug Abuse Program (NNADAP). This program also offers counselling and support for women.

- Manitoba Region has consulted with the Assembly of Manitoba Chiefs and the Department of Indian and Northern Affairs and a Working Group was struck to create a Plan of Activity for communities and to distribute funding for projects.

- Also in Manitoba, crisis assistance to community members in remote or semi-isolated areas continues with referrals to Crisis Centres outside the community. A few communities have established shelters - "Safe Houses" - within the community where Child and Family Services workers contribute counselling services to residents. The Portage la Prairie Women's Shelter has provided guest speakers to groups of women in the neighbouring reserves and due to the interest and needs of our client group have hired several Aboriginal outreach workers.

- Community activities in Alberta Region included ceremonial rite of passage for women and their daughters and mutual support groups for victims of abuse within native communities and are sponsored by mental health and family violence prevention services.

Through the family violence prevention funding options, three shelters for battered women are under construction and staff training is proceeding. Proposals for three more shelters are under development.

Eighteen native women were trained as mental health workers and are providing services in Indian communities.

Several workshops were funded for both promotion of healing and development of counselling skills.

XI-2
Improved Health Programs

The nutrition program has been involved in breast feeding promotion since 1984. An improvement in breast feeding rates among Aboriginal women has been documented recently. Collection of program planning information took place most recently in 1988, highlighting a need to focus on pregnant women with regard to smoking cessation and gestational diabetes screening.

Infant nutrition assessment (age 0-3 years) has commenced. A nutrition risk-screening tool has been tested and will be released for community use by summer 1991.

Nobody's Perfect training continues to be offered to community members including members such as Community Health Representatives (CHRs), interested community leaders and high school economics teachers who in turn are able to offer this training to younger client groups within school and community settings to further primary prevention before pregnancy and parenthood occur.

National Addictions Awareness Week is currently the pre-eminent health promotion event in Native communities. Although there is no specific focus on women's health from the national perspective, communities are encouraged to organize and run community-based events addressing specific community health and lifestyle issues. Individual community events often deal with issues related to women and children's health.

The National Role Model Program is a program to promote healthy lifestyles. Although their activities are focused primarily on Native youth, the women who are role models in this program may also be seen as role models for other Native women.

The NNADAP newsletter "Community Contact" promotes and provides information on healthy lifestyles. Articles address women and children's health issues including family violence, substance abuse, AIDS, parenting, suicide prevention, mental health, nutrition, Fetal Alcohol Syndrome and breast feeding.

A variety of smoking reduction and prevention health promotion activities were undertaken in 1990/1991. A social marketing approach to smoking cessation was adopted and developmental work began on its implementation.

As one part of this approach, poster concepts and slogans were developed to specifically address smoking and women's health as well as smoking and effects on pregnancy. Work also began on the development of a "Smoke-Free Kit for Native Communities" which includes a manual, resource materials and sources for additional material and information specifically designed for Native women.

The implementation of MSB programs in the community has underscored the importance of women's health issues. Health promotion strategies continue to play an important supportive role to First Nation Women.

In ***Manitoba***, many communities have initiated Well-Woman Clinics once or twice a year for routine Pap and breast exams. Various women's groups in rural communities have received in-service training in women's health areas such as pre-natal classes, breast self exam, female cancers, menopause, stress management, nutrition, weight control, and AIDS/STD awareness.

In response to needs identified by various groups across the country, NNADAP undertook the development of a national plan to implement the "Nobody's Perfect" parenting skills package in Native communities. The goal of the "Nobody's Perfect" package is to improve the capability of parents to promote the health of their children.

In ***Quebec*** a variety of programs are offered in an effort to improve the quality of life of native women.

Ontario Region worked in collaboration with the Association of Iroquois and Allied Indians to produce a video depicting breast feeding as a traditional practice to be revitalized. The video is highly motivational. It depicts breast feeding in a supportive and loving family setting and conveys a strong message about the importance of First Nations finding solutions to the health problems of their communities.

A 1986 survey on diabetes prevalence, was conducted in First Nations by Drs. Young, Szathmary, Evers and Wheatley. Results indicated a high prevalence rate in Ontario, with the second highest rate in Canada in southwestern Ontario's First Nations. There is a higher rate of diabetes in women than men. In response to this intense concern about diabetes, a committee was struck to strengthen and encourage more community-based initiatives. Accomplishments of this committee in 1990-91, include:

- employment of a community nutritionist to provide / enhance public health nutrition services;

- implementation and completion of a food consumption survey to document problematic areas in food consumption trends;

- production of a Healthy Eating Guide;

- distribution of a report and accompanying highly-rated resources intended for the native diabetic community.

A weight loss program developed by Manitoba Region, Medical Services Branch, was piloted with select community-based workers in Ontario Region. The program will be further revised before it is widely implemented in Ontario Region.

The Ontario Native Women's Association and its 115 locals are kept abreast of activities within the Nutrition Program, related to Maternal and Child Health. Resource and reference materials are shared.

The 1988 Database on Breast Feeding Among Indian and Inuit Women detailed prenatal health practices, including smoking, weight gain and prevalence of gestational diabetes.

The food consumption survey, completed in southern Ontario, had high participation from women. The results provide information about food consumption patterns for this group in Southern Ontario.

Activities undertaken in the area of nutrition education, frequently involve direct participation from women. From experience and observation, it is still women who take a leadership role in the area of nutrition issues in First Nations communities in Ontario.

In ***Saskatchewan***, Native women are taking a more active role in their communities. This is reflected by the increase in the number of women on community health committees. It is also of note that Saskatchewan Region has 4 female chiefs.

In Saskatchewan, on the subject of Native offenders, Native women in Saskatchewan region promote the philosophy of treating adult offenders within the context of their communities and their families. An Aboriginal Advisory Group has been established to examine this issue.

There is a renewed interest in Fetal Alcohol Syndrome (FAS) and we are discovering more data is required that does not focus only on children who are physically affected. Some children with FAS, who are not physically affected, are cognitively affected. Links have also been discovered between FAS children and family violence. FAS children, because they are slow learners, are often caught up in the abuse cycle.

AIDS awareness at the community level is for the most part being initiated and supported by women. Saskatchewan Region will be completing a video targeted to youth outlining the experiences of an Indian man who is presently living with AIDS. It has been determined that the AIDS initiative can be combined with family violence prevention. Aids is clearly tied to addictions and family violence since most of the cases in Saskatchewan are linked to addictions or family violence. Those who experienced abuse or neglect as children may become addicted to drugs later in life (which can lead to using HIV contaminated needles and result in contracting AIDS). Another AIDS Awareness Conference was scheduled for May 1991.

Six issues of the ***Health Circle*** were printed. The themes/topics of these issues were nutrition, dental health, summer safety, suicide, smokeless tobacco, and arthritis. A "Women and Wellness" Conference, sponsored by federal and provincial agencies, was held in October 1990 in Saskatoon. Although the Conference was targeted to Native women, there were some non-native women and some men in attendance. The purpose of the conference was to give women strategies to take home to start the healing process. There were about 400 participants from across Canada and the northern United States. Some of the women who attended the conference have reported continuous sobriety since then. Further, many, women's groups have held conferences, some are basic support groups. The next Women and Wellness Conference is scheduled for October 6, 7, and 8, 1991 in Saskatoon, Saskatchewan.

In the ***Yukon***, a dental component is included in prenatal classes held through the community health program which includes information regarding pregnancy and oral health for infants and new parents.

In all Yukon communities, nurses work with social workers, CHR's, NNADAP workers and RCMP in promoting the reduction of violence against women and children. All Yukon health units carry out public health programs which promote and/or publicize women's health. For example, all health units conduct Well Woman's Clinics at least monthly, where pap smears are done, BSE is taught, as well as addressing specifically raised concerns. Health promotion, whether on a one-to-one or in a group, include BSE and promotion of the new mammography unit in Whitehorse; menopause, AIDS, STDs, contraception, lifestyle, stress and mental health needs.

In Faro, in particular, a community where a number of transient families have relocated due to work at the Faro mine, a "coffee clatch" women's group has been formed and supported by the nurses. The group allows the women to share frustrations and concerns, while promoting the support of others.

Prenatal teaching, whether through classes or on a one-to-one basis, is offered to all pregnant women and their partners. These programs include a variety of topics, including the promotion of breast feeding (Yukon has the highest rate in the country), nutrition, FAS and parenting. A Whitehorse based committee is currently attempting to develop a "Yukon-made" parenting program, which combines the basic concepts of "Nobody's Perfect" with Native culture and Yukon needs. There is an MSB representative on this committee. Yukon has one of the highest identified incidence of FAS, and therefore an increased emphasis on FAS has been added to the Region's community health workplans. This has been supported by an inservice presentation and the purchase of an FAS video - "One More For Baby" for public teaching.

All nurses are available to women (and all community members), to support and counsel, as needed, for mental health concerns. The increasing sexual/physical abuse disclosures have in turn led to a greater need for counsellors with appropriate counselling skills, which the nurses often do not possess. Nurses often do not have the time nor expertise to give these women and children the appropriate follow-up.

MSB Community Health Nursing personnel, have had input into the new Child Sexual Abuse Protocol, developed by the Yukon Government. This same protocol, which will soon be in practice, was recently presented to all community nurses for familiarity and understanding, when such cases arise.

Last spring, MSB, Community Health Nursing, supported an eight day Popular Education program, which trained trainers to utilize Popular Education principles in community education regardless of topic.

XI-3
Women's Organizations

The nutrition program has provided support for Diabetes Outreach projects initiated by the Aboriginal Women of Manitoba Inc., under the auspices of "The SUGAR Group." Proposal-writing and technical expertise have been provided for approximately four years.

Many communities have established women's support groups and are accessing the above-mentioned service as well as communicating their health needs and interests to the Health Team and Community Leaders. There has been an increase in the number of women being elected or appointed to community leadership positions such as Chief or Councillor. Many of those Councillors hold the health portfolio.

Quebec region organized a course on nutrition for cooks at the Centres d'Amitié Autochtone and detoxification centres. Health education workshops were regularly organized on reserves to discuss nutrition and diabetes and were of great interest to the native women.

Quebec also offered a number of programs for pregnant women on nutrition, parenting, mental health and special programs on the effects of mercury on pregnant women and those in their reproductive years.

In ***Ontario region*** many MSBs staff support and give their time voluntarily to women's organizations such as "Day-break"; Elizabeth Bruyere Centre, New Home for Battered Women; Alternative Naissance and LaLeche League as a community service.

In ***Pacific region*** of Environmental and Occupational Health Services a donation ($100) was made to the Women's Network to assist the network to hold a reception with a guest speaker to discuss the report "Beneath the Veneer".

XI-4
Research Into Women's Health Issues

In ***Manitoba***, the nutrition program has played a role in the successful completion of Food Consumption Studies in communities affected by the Northern Floor Agreement of northern Manitoba. The key individuals (target group) in the survey are women of childbearing age, infants and people living a mostly traditional lifestyle with respect to food and physical activity.

In ***Ontario***, a great deal of activity has been generated around the release of the 1988 Database on Breast Feeding Among Indian and Inuit Women. The 1988 report indicated little improvement in breast feeding initiation rates in Ontario's First Nations. With the exception of the Moose Factory area, rates were similar to those reported in the 1983 report. Less than 60 percent of women initiate breast-feeding in Ontario's First Nations, with less than one-third continuing this practice until the infant is six months old. This is a sharp contrast to initiation rates of 85 percent in the non-native populations. During 1990-91, Ontario Region undertook a number of initiatives to address this critical issue.

The results of the 1988 database report, and five year trends between 1983 and 1988 were highly publicized, in an effort to increase awareness to this public health issue. News articles appeared in regional and local newsletters, as well as in the Region's 1989-90 Annual Report. Health care managers, staff and the Provincial/Territorial Organizations received presentations on the report's results. The Women's Health Bureau, Ontario Ministry of Health, and selected universities involved with research in First Nations communities also received the report for reference and health planning.

The Nutrition Study undertaken in Big Trout and North Caribou Lakes was presented at the 8th International Congress on Circumpolar Health in May 1990. Results of the study indicated that women had the highest rates of obesity, and had inadequate intakes of calcium and vitamins A and D.

Quebec has undertaken a study of diabetes on two reserves in collaboration with Dr. H. Delisle of the University of Montreal. A report was published on this study and a second project on cardiovascular health and diabetes is planned.

XI-5
Substance Abuse

Funding was initiated in 1990/91 for a three year project to identify a treatment model for young substance abusers. This initiative was introduced at the Substance Abuse Conference held in 1989/90 (see previous Annual Report). It is intended that upon the establishment of an appropriate treatment model, treatment programs will be pursued.

There continues to be a high level of solvent abuse in some communities and related information sessions are offered. It is anticipated moreover, that with completion of the Yellowquill College training now being provided to CHRs and NNADAP workers, these individuals will be capable of offering more education in the schools in the future. Regular preventive, referral and follow-up services continue to be provided on an ongoing basis in communities by the NNADAP workers. AIDS/STD training was provided to CHRs and NNADAP workers during this year. Several communities received the assistance of AIDS Educators to assist in facilitating AIDS awareness to community members.

In ***Ontario***, the following programs were funded through NNADAP Prevention, Treatment, National Drug Strategy:

- Women's Circle Groups
- Parents Against Drugs
- Aerobics
- Gab and Crafts
- Pre-natal Classes
- Coping with Teenagers
- Self-Help Programs (AA, ACOA, ALANON and Women's Support Groups)

Presentations by NNADAP, CHRs, Nurses targeted at women include:

- Addictions
- Alcoholism and How it affects Family Violence
- Treatment Centres and their Services and How to utilize them
- Medicine Wheel Teachings
- Smoking and How it affects us generally and unborn children
- FAS
- Teen Pregnancy and Birth Control
- AIDS

The following services were funded through NNADAP:

- Individual Counselling provided to women at Community Health and NNADAP centres or at home

- A nutrition workshop was held for NNADAP treatment centres from October 23 to November 3, 1989. As a result, a program has been researched and designed to train treatment centre staff and cooks so that they can provide information about nutrition. The program will also provide the training to have patients focus on eating nutritious foods during treatment stay. An understanding of the relationship of nutrition, good health and addictions has caused many of the treatment centres to change their menus to reflect good nutrition.

- Family Counselling is provided at the request and consent of families dealing with issues concerning and affecting every family member. Referrals are made for women to Treatment Centres at their request - Treatment Centres for Women (include Lakeside Community Centre, Sudbury, Ontario and Beendigin Inc. and Native Women's Crisis Home in Thunder Bay, Ontario) and there are other centres housing battered wives, which are provincially funded but are being utilized by native women and their families.

Saskatchewan's NNADAP training program incorporates a healing component into its certificate program. The majority of NNADAP workers have past abuse issues that need resolving. A resource guide targeted to women who may require help as a result of family violence or child abuse issues was completed and is now available.

XI-6
Mental Health Issues and Prevention

Adolescent suicide and attempted suicide continue to be a serious problem in our semi-isolated communities. Severely compromised clients are referred to psychiatrists and provincial agencies for appropriate treatment.

The provision of psychiatric nursing services to our remote communities which was initiated in 1989/90 was discontinued during 1990/91 due to withdrawal of funding by the province. This service is presently being provided for a one-year period through MSB funding. This service is provided on a scheduled visit basis to our fly-in areas in South Zone and to two locations in North Zone.

The Hollow Water mental health project continued to be successful last year and has been renewed for 1991/92.

Manitoba's pilot project at Brokenhead was evaluated by an independent consulting firm with very positive results. This project as well was renewed for 1991/92.

Women in Indian reserve communities experience even greater difficulties in accessing mental health services than women in non-reserve rural areas, due to jurisdictional and cross cultural barriers in the provision of mental health services on reserve. MSB has undertaken an extensive consultation process during 1990-91 to look at ways of improving access to services and native mental health in general. The consultation has resulted in an "Agenda Document on First Nations and Inuit Mental Health", developed in partnership with representatives from First Nations and Inuit organizations.

XI-7
Health Careers

Community Health Representatives (CHRs) - This group of band-employed employees are predominantly female. Community Based Health Services have provided assistance and information towards achieving wage parity for CHRs. The acceptance of CHRs as equal members of the health team is encouraged and as such, information sharing regarding the CHR Scope of Duties is used to promote this view.

NNADAP workers - Out of four Treatment Centres, female representation includes two Centre Directors and one Director of Treatment. NNADAP workers are comprised of 44 percent women in prevention and 49 percent women in treatment.

Community Health and Human Services has established training at Yellowquill College for CHRs and NNADAP Workers. Registrations to date indicate female student representation 87 out of 137 possible student placements.

For several years the Northern Bachelor of Nursing Program has provided an opportunity for northern community members to successfully obtain an R.N. degree. Presently, all participants of this program sponsored by Swampy Cree Tribal Council are women.

The Indian Inuit Health Careers program in ***Ontario Region*** provided funding to Lakehead University for the Native Nurses Entry program and to the University of Toronto for the Aboriginal Health Professions Program. The purpose of these two important programs is to increase the number of Native people undertaking careers in health services by enhancing opportunities, particularly in training, and to ensure increased participation of native people in the implementation, provision and promotion of health careers. The participants of these two programs are primarily native women who have been out of the workforce for a number of years and, who, after having their children, decide to return to school.

The Native Nurses Entry Program at Lakehead University, Ontario, is designed to provide participants with the necessary academic and self-development skills to enter and successfully complete the four year Bachelor of Science in Nursing degree program at Lakehead.

The Aboriginal Health Professions Program at the University of Toronto coordinates and evaluates existing programs designed to promote professional health careers among Native people in the areas of Admissions Advocacy, Student Information Requests, Public Relations, Recruitment of Students and Student Services. As well, they promote access, recruitment

and provide support services for native students in the professional health programs offered by the University of Toronto.

Quebec region has offered practical experience opportunities for approximately 25 - 30 women to help them with their studies in the health field. These opportunities are seen as ways to assist them in achieving their goals.

XI-8
Occupational/Environmental Health Issues

Medical Services Branch has worked closely with Native organizations, the Department of Indian and Northern Affairs and Central Mortgage and Housing Corporation, to ensure that health concerns are an integral part of any new or retrofit housing programs. The poor state of many native homes has had a negative and lasting effect on families, both from a health and social well-being standpoint.

In Manitoba, a child study to examine the effects of mercury on the health of children from northern flood communities has been undertaken by the University of Manitoba and a final report is scheduled for July 1991.

XII

IMMIGRANT AND VISIBLE MINORITY WOMEN

XII-1
Policy Review and Development

The report of the Federal/Provincial/Territorial Working Group on Women's Health, chaired by the Senior Adviser, Status of Women, contained a special section on "Health Issues for Immigrant Women and Women of Colour" in which the health care concerns expressed by the National Organization of Immigrant and Visible Minority Women were articulated, to inform policy development within the various jurisdictions.

XII-2
Liaison with Immigrant and Visible Minority Women's Groups

Lucia Spencer, Vice-President of the National Organization of Immigrant and Visible Minority Women and Ontario president, was a featured speaker and discussion leader at Health and Welfare Canada's International Women's Day celebration on March 8, 1991, when the film "No Time to Stop" was shown.

XII-3
Follow-up to the report: After the Door has been Opened

As recommended by the Canadian Task Force on Mental Health Issues affecting Immigrants and Refugees (recommendation 5), Health and Welfare Canada provided consultation and funding for a contract to prepare educational material on women's rights and roles in Canada.

XII-4
Research Priorities in Multiculturalism and Mental Health: Report of a National Workshop sponsored by Health and Welfare Canada

Consultation and coordination were provided by our Department to organize this multi-disciplinary Workshop, which recommended priority issues for research into ways in which culture affects health, illness and care as well as research methodologies, which are sensitive and appropriate for cross-cultural investigation.

XIII

SENIOR WOMEN

XIII-1
Women and Aging Workshops

The Seniors Secretariat has continued to encourage Provinces and Territories to host regional workshops to address issues concerning Women in An Aging Society, a follow-up to the 1988 National Workshop held in Halifax.

The Province of Ontario, through the Office for Seniors Issues, has coordinated a series of workshops in five rural areas, namely, Stratford, Orillia, Rockland, Smith Falls and Dryden. The focus was upon two issues: the impact of the health and social service system on senior women; and economic self-sufficiency, with an emphasis on the feminization of poverty, pensions and housing.

The Ontario Women's Directorate was invited to assist in this initiative which was funded through a Seniors Independence Program (SIP) (Health and Welfare Canada) grant. More than 600 senior women were given the opportunity to express their needs and at the same time, receive valuable information. For many women, this was the first time they were participating in a collective process to deal with social issues.

As a follow-up to this activity, the Ontario Office for Seniors Issues decided to address the issue of women and aging in the ethnic population in Metro Toronto. Early in the new year, a Women and Aging Conferences Advisory Committee was struck bringing together senior women of various cultures. The project will produce a series of conferences (workshops) for older women in the ethnic communities of Metro Toronto.

These conferences will provide an open forum for older ethnic women to share their concerns, record and document the issues as they are identified and encourage the organization of a group of older women who will undertake to develop strategies for action on the issues arising out the conferences. The first one was scheduled to be held in North York, September 15, 1991 to be followed by five others. This activity is also funded through a SIP grant and the publication of the report is scheduled for spring 1992.

XIII-2
Elder Abuse

The Seniors Secretariat, in collaboration with the federal Family Violence Prevention Division and the National Advisory Council on Aging, has gathered information on elder abuse programs and services from across the country. This is the first attempt at a comprehensive picture of how elder abuse is being addressed in Canada, and presents a descriptive overview by province/territory. Contacts are also listed. Publication is scheduled for fall 1991.

XIII-3
Literacy

The Seniors Secretariat is studying the national Literacy Strategy for Older Canadians proposed by the Canadian Seniors Network "One Voice". The objective of this strategy is a society where low literacy is not a barrier to full participation of seniors.

The Seniors Secretariat is also developing a pilot project for illiterate Francophone seniors. The purpose of this project is to develop a literacy program adapted for Francophone seniors.

XIII-4
Older Women and Economic Well-Being

The Minister of State for Seniors continues to identify poor older women as an issue of special concern. Officials from the Seniors Secretariat have taken the lead on this issue and have struck a working committee composed of representatives from Policy Planning and Information Branch (PPIB), Income Security Programs Branch (ISPB) and Status of Women Canada, to investigate a range of options and strategies to deal with poverty among today's and tomorrow's older women.

Consultations with various stakeholders will take place and a discussion paper will be prepared by an outside consultant for the Minister, on behalf of the Seniors Secretariat.

This is part of a long term strategy by the Minister of State for Seniors to improve the economic well-being of older Canadian women.

XIV

INTERNATIONAL ACTIVITIES

XIV-1
United Nations Commission on Status of Women

See Introduction

XIV-2
Women, Health and Development

See Introduction

XIV-3
Representation of Women on Delegations to International Meetings

Intergovernmental and International Affairs Branch (IIA) continues to monitor the representation of women on international delegations. However, in many instances (for example, structuring delegations to WHO and PAHO meetings) the Branch (or the Department) does not have control over who is designated by the provinces. However, IIA continues to work with the provinces and other organizations in an effort to establish gender balance on delegations. (Appendix V indicates the composition for the Canadian delegations to WHO and PAHO for 1990/1991).

XIV-4
International Meetings of the World Health Organization (WHO)

In May 1990, the World Health Assembly adopted a number of resolutions of specific relevance to women:

1. Promoting, protecting and supporting breast-feeding (Appendix VI);

2. Women, Children and AIDS (Appendix VII) and

3. Health Conditions of the Arab Population in the Occupied Arab Territories, including Palestine. This resolution among other things requests the Director General to "coordinate health activities, in particular priority areas, such as maternal and child health, an expanded program of immunization, water supply and sanitation, and other specific activities to be determined according to needs".

In January 1991, the Director General of WHO presented a report to the 87th session of the WHO Executive Board entitled "Recruitment of International Staff in WHO: Employment and Participation of Women". This report, in outlining the situation concerning the employment and participation of women in the work of WHO pointed to the fact that some progress has been made towards the achievement of the target of filling 30 percent (as called for in Resolution WHA 42.3) of all professional and higher-graded posts with women. The report, however, indicated that more needs to be done. The chart in Appendix VIII outlines the current situation regarding the employment of women. Canada is somewhat unhappy with the proportion of senior level women at WHO and intends to press for more appointments in this area. Similarly women occupying senior positions at WHO should assume levels of responsibilities commensurate with these positions.

XIV-5
WHO Committees and Study Groups

Intergovernmental and International Affairs Branch continues to monitor the involvement of women on expert committees and study groups.

XIV-6
WHO/PAHO Fellowships

Intergovernmental and International Affairs Branch continues to administer the WHO/PAHO Fellowship Program which provides short-term fellowships for study abroad in health related fields. In 1990, 11 fellowship applications were received: 6 from men and 5 from women. Six (6) fellowships were awarded; of these 4 (66.6 percent) went to women and two to men. Although men continue to submit more applications, this year for the first time women outnumber men in the receipt of awards. We anticipate that as women become more aware of the program, there will be an increase in the number of applications from them.

XIV-7
Nongovernmental Organizations (NGOs)

Intergovernmental and International Affairs Branch believes in working cooperatively with a range of NGOs involved in the international arena. On the Social Services side, the branch worked closely with the International Union of Family Organizations (IUFO), the International Council on Social Welfare (ICSW), the International Social Service Association (ISSA) and their Canadian counterparts. On the health side, we worked with the Canadian Medical Association (CMA), the Canadian Public Health Association (CPHA) and the Canadian Society for International Health (CSIH), Canadian Nurses Association (CNA), Canadian Council on Health Facilities Accreditation (CCHFA) and Canadian College of Health Service Executives (CCHSE). Every available opportunity is sought to apprise these groups of the Nairobi Forward-Looking Strategies.

XIV-8
Federal/Provincial Advisory Committee on International Health Affairs

One meeting was held for the period under review. The agenda for this meeting focused on federal/provincial co-operation in international health. Provinces felt that they should be more involved in international health and agreed to appoint an International Health Co-ordinator in each province who would facilitate and promote the export of health goods and services, co-ordinate efforts between governments, NGOs and universities and provide background support to the Committee. Six coordinators have now been appointed: two of whom are women.

XIV-9
European Centre for Social Welfare Policy and Research (ECSWPR)

Intergovernmental and International Affairs Branch serves on the Centre's Executive Board. In this capacity the Branch ensures that women's issues and concerns are voiced in international seminars, expert group meetings, workshops and research projects organized under the auspices of ECSWPR. In 1990 an International Seminar on Childhood as a social phenomenon was hosted by NHW. The department also supported the Board of ECSWPR in the holding of Vocational Training Seminars for Women's initiatives.

XIV-10
United Nations Convention on Psychotropic Drugs

Canada co-operated very closely with UN institutions in the drafting of the UN Convention against illicit trafficking of narcotic drugs, and it is expected that the Convention will be ratified shortly by Canada. Canada's annual contribution for 1990/91 to the United Nations Fund for Drug Abuse Control (UNFDAC) has now reached $1 million.

XIV-11
United Nations Convention on the Rights of the Child

The UN Convention on the Rights of the Child was adopted by the United Nations in November, 1989. Canada, which was a major player in drafting this Convention, has now signed the document. Provinces are now being consulted with a view to possible ratification. During the year under review, IIA was an active participant in the preparation for and representation at the UNICEF Executive Board. Every effort is made by the representatives to ensure gender sensitivity and gender equity in all programs. The Branch has also initiated linkages with International NGOs on emerging questions related to street kids and the sale of children.

XIV-12
World Summit on Children

In September 1990, the Prime Minister, the Right Honorable Brian Mulroney, co-chaired the first World Summit on Children. This Summit among other things focused attention on the goals and strategies for ensuring the survival, protection and development of children as key elements in the socio-economic development of all countries. IIA played an active role in orchestrating Canada's participation in the Summit, and the branch is presently involved in follow-up actions.

XIV-13
1994 International Year of the Family

In December 1989, the United Nations General Assembly adopted a resolution proclaiming 1994 The International Year of the Family. NHW has the lead responsibility in developing Canada's strategy for celebrating the year. IIA has the lead departmentaliy, and it has established inter and intra departmental committees to stimulate, initiate and facilitate specific efforts for the appropriate observance of the year. In cooperation with the Vanier Institute for the Family, a number of NGOs have been consulted. Moreover a Canadian has been seconded to assist the United Nations Office in Vienna to develop activities for the observance of the year.

XIV-14
World AIDS Day 1990 - Focus on Women

At the January, 1990 WHO Executive Board Meeting, the Director General of WHO announced that the theme for the December 1, 1990 World AIDS Day will be "Women and AIDS". The Senior Advisor Status of Women in collaboration with the Departmental Advisory Committee on Status of Women Concerns hosted a HWC Seminar on Women and AIDS. This seminar which was attended by departmental employees, individuals from the NGO community and interested individuals, focused attention on AIDS as a women's issue which requires addressing.

XIV-15
Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)

The Branch coordinated the departmental input into Canada's Third report on the Convention. From the information provided for this report it would appear that the department is indeed fulfilling its responsibilities as outlined in the provisions of the Convention.

XIV-16
Other Activities

- The Branch organized a visit to Europe for the Minister of State for Seniors. This visit provided the opportunity for her to meet: her European counterparts, with persons responsible for the questions of aging at the United Nations and with International NGOs (such as EURAG) and to discuss such issues as those related to aging women.

- The Branch hosted a number of international visitors interested in the Canadian health care system. One visit of note was that of senior level public servants from the Phillipines who spent one day with the department reviewing women's programs and activities in the department. Departmental participants also had the opportunity to learn about women in the Philippines.

XV

EQUITY IN EMPLOYMENT

See Appendix IX for a report on the
Departmental Employment Equity Program

HEALTH AND WELFARE CANADA PLAN OF ACTION 1990-1995
BASED ON THE NAIROBI FORWARD-LOOKING STRATEGIES (FLS)
FOR THE ADVANCEMENT OF WOMEN TO THE YEAR 2000

I. INCOME SECURITY

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
CPP Survivor Benefit Reform	(i) Legislation amending the CPP	Children of deceased or disabled CPP Contributors.	Stronger financial support	Introduction of legislation Spring/Summer 1991	Effective January 1, 1992
	(ii) Further discussions with the provinces	Surviving spouses and children	Greater financial support. New structure reflecting greater consistency with changing labour force/family structure patterns. Review of aged-based eligibility criteria.	1991	1993
ISP Redesign Project	Interdepartmental team established to develop a Branch plan for the delivery of ISP benefits and services	Canada Pension Plan, Old Age Security, Family Allowances applicants and beneficiaries	Ensure that the ISP Branch responds effectively to increasing demands for client services; technological change and operational efficiency	1990	In 7 years at the earliest
Family Allowances Survey	Mail-out questionnaire to approximately 7,000 families receiving Family Allowances	Family Allowances Recipients	Obtain information about type/quality of service provided; assess financial needs of families for future program planning	1990	1991
FA Redesign Project	Update/automate the administration payment of FA benefits	FA beneficiaries	Improve service to clients and reduce delivery costs	1988	1989-90

I. INCOME SECURITY

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
CPP credit-splitting					
Spousal agreements	Review cases of individuals who were denied a credit split because of waiver in spousal agreement (mostly women)	Spouses who signed agreements prior to June 4, 1986	Restore rights to a credit-split by deeming "lost" credits to applicant spouse	1990	Ongoing
Take-up rate	Consultations, information gathering and communications activities	Divorced, separated spouses; legal profession	Determine reasons for low take-up rate Improve take-up rate	Fall 1990	Spring 1992
CPP 25th anniversary	Various activities to celebrate 25th anniversary of the CPP	General Public	Increase public knowledge about CPP and importance of retirement planning	1991	1991
Direct Deposit Project	Set up systems/administrative mechanisms to support automated deposit of ISP benefits	CPP, OAS and FA Beneficiaries	Improve service to ISP clients	1990	To be implemented in stages (first phase completed)

II. SUPPORT SERVICES TO ASSIST FAMILIES AND INDIVIDUALS

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Coordination of international adoptions	(i) Increased outreach to foreign countries	Canadian prospective adoptive families and provincial adoption authorities	Establishment of new international adoption programs	Ongoing	
	(ii) Coordination of adoption cases within the existing programs	Canadian prospective adoptive families and provincial adoption authorities	Facilitation of international adoptions	Ongoing	
Coordination of inter-provincial adoption placement	Production and distribution of the National Adoption Desk Bulletin	Prospective Adoptive families and children with special needs	Finding permanent homes for children with special needs	Ongoing	

II. SUPPORT SERVICES TO ASSIST FAMILIES AND INDIVIDUALS

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Social Services (cont'd)	(iii) Alcohol and Drug Treatment and Rehabilitation (ADTR)	Persons requiring treatment and rehabilitation	Financial support to provinces and territories to increase and improve the availability of alcohol & drug treatment and rehabilitation	April 1, 1990	March 31, 1993
	(iv) To develop new models of practice through Research and Demonstration Projet Contributions	Women, families, children	Promotion of good social service practice, dissemination of effective measures to social service agencies and community group	Ongoing	
Institutional Care	Cost sharing of Homes for Special Care under CAP	Persons in need	Payments to provinces for the cost of care in Homes for Special Care	Ongoing	
Social Housing	Cost Sharing of Assistance under CAP	Persons in need	Payments to provinces for assistance provided to persons in need for basic requirements including shelter	Ongoing	
Economic Self Sufficiency	Employability Agreements to encourage the participation of welfare recipients in training programs and employment	Social Assistance recipients	Enhancement of the employability of Social Assistance recipients	Agreements extended in 1990-91	
Children's Bureau	Review and coordinate the policy and program initiatives of Government as they affect children	Children and their families	Canada's Plan of Action for Children. Consultations with Federal departments, other governments, NGO's and agencies in developing collaborative initiatives for children	Ongoing	

H. SUPPORT SERVICES TO ASSIST FAMILIES AND INDIVIDUALS

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Medical and Hospital Care Services	Contributions to the provinces and territories	General Public	Prepaid access of Canadian residents to insured hospital and medical services on uniform terms and conditions	Ongoing HID Mandate	
Child Care	(i) Cost sharing of Day Care Services under CAP	Persons in need/likely to be in need	Payments to provinces for day care services	Ongoing	
	(ii) National Child Care Program	Canadian general public, caregivers, parents, businesses and NGO's	Availability, accessability and affordability of quality child care services	1991-93	
	(iii) Child Care Initiatives Fund	Parents, caregivers and non profit organizations	In addition to the stated objectives of the fund, there will be greater accessibility and resources for special arrangement needs of parents	1991-94	
	(iv) Dissemination and collection of information	Parents, caregivers, students (ECE), associations, research child care community	To ensure that public and private sectors have access to the most current information on child care	1990-95	
	(v) Indian Child Care Demonstration Initiative	Indians on reserves and Band Councils	For the development and operation of accredited child day care services on reserves across Canada	1991-92	
Social services	(i) Cost sharing of Welfare Services and assistance under CAP	Persons in need/likely to be in need	Payments to provinces for Welfare Services and Assistance	Ongoing	
	(ii) Vocational Rehabilitation of Disabled Persons (VRDP) Program	Physically and mentally disabled persons	Payments to provinces for the provision of vocational rehabilitation services to eligible clients	April 1, 1990	March 31, 1993

III. FAMILY VIOLENCE, VIOLENCE AGAINST WOMEN AND CHILDREN

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Family Violence	(i) Promote the development of public education materials/ activities on attitudes that contribute to family violence	General public and specific target groups as applicable	Foster attitudinal change, especially re: sexism, ageism, racism; prevention of family violence;		
	(ii) Promote the development and dissemination of mental health research on risk factors and effects (Literature review)	Victims and potential victims of family violence, primarily women and children	Prevention of family violence; enhanced protection for victims; enhanced therapeutic and support services for victims		
	(iii) Promote the development of materials/ activities to educate, train and sensitize professionals to mental health concerns related to family violence	Victims of family violence, primarily women and children	Enhanced a more sensitive response by professionals to family violence victimization		
	(iv) Promote the development and evaluation of intervention and treatment models for victims and offenders	Victims of family violence and offenders	Reduction of family violence through treatment of offenders enhanced therapeutic and support services for victims		
				<u>Family Violence:</u> Commencement dates and specific program details to be determined. Plans are currently being developed for future Departmental programs to address family violence; implementation of these programs will require Cabinet approval. Mental Health Division has an ongoing role to provide direction and advice on mental health aspects of departmental family violence initiatives, and to coordinate HSPB family violence initiatives.	
Preventing Family Violence	Development of long-term Federal approach on family violence including response to Rix Rogers' Report	General public, victims of violence	Reduce incidence of family violence and strengthen capacity to intervene effectively	1992-97	

III. FAMILY VIOLENCE, VIOLENCE AGAINST WOMEN AND CHILDREN

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
National Clearinghouse on Family Violence	Information development, collection and dissemination	Health and social service professionals, frontline service providers all levels of government, general public	Increase awareness and understanding of family violence	Ongoing	
Family Violence Project Funding	Family Violence Initiative and Child Sexual Abuse Initiative	Non-profit organizations, service providers, academics, professional associations	New approaches to public awareness programming, training, education and information dissemination, research and evaluation	Family Violence Initiative 1988-1992 Child Sexual Abuse Initiative 1986-1991	
Family Violence	Research and Demonstration Project Contributions	Victims of Family Violence	Promotion of good social service practice, dissemination of effective measures	Ongoing	
Prevention of Child Sexual Abuse	Development of Child Sexual Abuse Guidelines for Community Workers	Teachers, child protection workers, health professionals, community workers and others		Distribution of Guidelines Summer 1990 and ongoing	
Sexual violence against women	Develop and disseminate information materials on sexual violence against women and its effects (e.g. date rape, sexual harassment, pornography, sexual assault)	General public and specific target groups (as applicable)	Enhance awareness of sexual violence and its effects Reduction of negative attitudes towards women Reduction of sexual violence	1991	1995

IV. SUPPORT AND PARTNERSHIP WITH WOMEN'S AND OTHER VOLUNTARY ORGANIZATIONS

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Seniors Independence Program	Provision of contributions to voluntary and non-profit groups and organizations for seniors-related projects	Priorities given to activities for women seniors, seniors living in rural and remote areas, and seniors less advantaged due to life circumstances	Improve the health, well-being and independence, and enhance the quality of life of Seniors through the direct involvement of seniors in community-based projects	1988	1993
New Horizons Program	Provisions of contributions to groups of retired persons to plan and organize community-based activities	Older retired Canadians, mostly over 65 years of age	Provision of opportunities for target population to plan, operate and participate in meaningful activities, beneficial to themselves and the community	Ongoing	
National Voluntary Social Service Organizations (Sustaining Grants)	Provision of sustaining grants to eligible organizations	National Voluntary Social Service Organizations	Cover a portion of expenses of operating national offices & carrying out national activities	Ongoing	
National Voluntary Health Organizations (Sustaining Grants)	Provision of sustaining grants to eligible organizations	NVHOs and Canadians that benefit from their services	Cover a portion of expenses of operating national office and carrying out national activities	Ongoing	

V. FAMILY HEALTH

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Family Health	(i) Breast Feeding: Update of Hospital Kit Distribution of pamphlet	Professionals and Women/Families	Educate professionals Information for Women/Families	1989	1991
	(ii) Framework for a National Child Health Agenda	Children/families	Provide equal opportunities to children	1990	1995
	(iii) Resource Package (post-partum parent support program)	Professionals, women/families	Improve parent functioning during early post-partum Implementation in 20 sites	1990	1993
	(iv) Nobody's Perfect (Parenting Program)	Women/Families	Parenting information and resources for disadvantaged groups	1984	1993
	(v) Canadian Mother and Child (Resource Material)	Women/Families	Updated edition	1990	1991
Early Child Development	Up to Years 1-6	Parents & Caregivers	Better promotion of early Childhood development	1990	
Childhood Injury	Monitor the occurrence and circumstances of all injuries among children recorded by 12 paediatric hospital centres in Canada	Children aged 0-18	Reports, articles	1990	Ongoing
Birth defects surveillance	To monitor the occurrence of all birth defects to babies born in Canada; to study trends and identify clusters	Canadian newborns	reports	Ongoing	

VI. WOMEN'S HEALTH PROMOTION

Topic	Initiative	Target Population	Intended results	Time Frame	
				Commencement Date	Completion Date
Dental Health	Oral Health Promotion document	Dental Professionals Provincial Officials	Increased awareness of need for dental care coverage for single parents and their children	1988	1991
Nutrition	(i) Vitality Project: see also section X-6	Women and men, 25 to 44 years, 9 to 13 years of education Professionals/Educators/ Environmental Influencers	Public and professional awareness and action for healthy eating, physical activity and positive body image	1990	1995
	(ii) Nutrition Recommendations: -Access to information -Education and training -Coordination and negotiation	Public, esp. those with 5 to 9 years of schooling Professionals All sectors	Adoption of Canada's Guidelines for Healthy Eating Guide by public and all sectors	1990	1995
Tobacco	(i) Update of Background Paper on Women & Tobacco	Women's Groups/Program Planners	To identify issues as a basis for program/policy development	1990	1990
	(ii) Film - Women & Tobacco	Young Women	Promotional & Educational Resource	1989	1992
	(iii) Control use of tobacco products	Canadian population	Reduce illness/death associated with the consumption of tobacco products	1985	
Alcohol and other drugs	Ready or Not Program - education and training	Parents (particularly those from lower income levels)	Empower parents to be effective in preventing alcohol and other drug problems among their own children	1988	1993

VI. WOMEN'S HEALTH PROMOTION

Topic	Initiative	Target Population	Intended results	Time Frame	
				Commencement Date	Completion Date
Promotion of women's mental health	(i) Feminization of "Striking a balance"	Women from all cultures; Caregivers of women; Women caregivers	To define and develop knowledge on women's mental health	Ongoing	Continuing
	(ii) Encourage and support the writing of articles related to women's issues in "Canada's Mental Health"	General public, caregivers and researchers;	To have more articles on women's mental health in "Canada's Mental Health". To develop a better knowledge of women's problems related to mental health.	1991-92	1992
	(iii) Development of social support in the workplace	People in the workplace	To promote and improve the mental health of women in the workplace	1990	1992
	(iv) FPT Working Group on Women's Health/ Women's Mental Health Paper	Women and their families	To develop strategies and recommendations for addressing women's mental health to inform and guide policy and program development	1990	
Stress	(i) Development of an information document (brochure) on women and stress	Canadian women and their caregivers	1. Dissemination of the "brochure"; 2. Production and publication of the "brochure" on women and stress	1991	1992
	(ii) Development of information materials about caregivers' stress	Family caregivers of people who needs care	Promotion of coping mechanisms among women and other family caregivers	1992	1993
Mental health issues related to homelessness among women	Information materials for Community Mental Health Workers working with homeless women	Homeless women in emergency shelters/temporary housing	Sensitizing the professional/lay community about particular needs of this group	1992	1993

VII. WOMEN'S HEALTH RESEARCH

Topic	Initiative	Target Population	Intended results	Time Frame	
				Commencement Date	Completion Date
Cancer: Canadian Cancer Statistics	To prepare statistics for inclusion in information booklet: "Canadian Cancer Statistics"	Canadian	Annual publication distributed to public, HPB, university departments, provincial governments, NGO's, media	1987	Ongoing
Mortality Atlas	To produce atlas of mortality by Census Division 1980-1986 ("Mortality Atlas, Volume 4")	All Canadians	Fourth volume of Mortality Atlas, produced conjointly with Statistics Canada	1987	1991
Aging - Related Diseases					
i) Study of aging and water constituents	Study of aluminum as a risk factor for Alzheimer's disease and fluoride as a protective factor for osteoporosis	Elderly population of Canada	Reports, publications. Results will guide further research	1990	1993
ii) Canadian Study of Health and Aging	Study the epidemiology of Alzheimer's disease and related dementias	Elderly Canadians	Journal articles	1990	1993
iii) Study of viral infection and Alzheimer's disease	Study association of Herpes Simplex Virus I and Alzheimer's disease	Elderly Canadians	Journal articles	1990	1993
iv) Statistics of mortality and morbidity in elderly	Analysis of surgical procedures in elderly; examination of contributing causes in deaths due to septicemia, influenza and pneumonia	Elderly Canadians	Journal articles. Identification of trends by cause	Ongoing	

VII. WOMEN'S HEALTH RESEARCH

Topic	Initiative	Target Population	Intended results	Time Frame	
				Commencement Date	Completion Date
Asthma Surveillance	To examine trends in the incidence, morbidity and mortality of asthma in Canada; to look at differences by region, season, period, sex and age group in occurrence of asthma.	Canadian children and adults	Journal articles. Conference presentations	1991	1992
Survival of Renal Failure	To identify the determinants of survival among persons with end-stage renal disease	Canadians afflicted with renal disease	Journal articles	1989	1991
Brain Cancer Study	To examine the increase in mortality and incidence observed over time (especially among the elderly) from brain cancer	Canadian children and adults	Journal articles	1990	1991
Ischemic heart disease: Risk assessment (DIETARY FACTORS)	Time trends of ischemic heart disease mortality in relation to food consumption. The potential impact of diet (food consumption) changes in the last 2 decades on the decline in heart disease mortality.	Canadian adults	Journal articles	1990	1991
Cardiovascular diseases mortality and morbidity	Cardiovascular disease (stroke, etc) mortality and morbidity (1950-1988) will be analyzed by various parameters (age, gender, region, etc.)	Canadian adults	Journal articles and reports	1990	1991
Cancer in Canada	Prepare booklet summarizing cancer incidence in Canada 1969-1988	Canadian population	Booklet for distribution to HPB, provincial governments, NGO's	1990	1992

VII. WOMEN'S HEALTH RESEARCH

Topic	Initiative	Target Population	Intended results	Time Frame	
				Commencement Date	Completion Date
Community Action Pack	Produce kit on project development	Community groups	To help community groups be more effective	1988	1991
Heart Health	Review article on women and CVD	Professionals/researchers and women	Review of risk factors and approaches to diagnosis and treatment	1989	1990
Research and Aging	Aging of Population including program development and simulation	Seniors	To plan and respond to the changing needs of an aging society	Ongoing	
Canada's Elderly Projecting Health and Income Demography (CEPHID)	Interdepartmental project to develop a micro-data model to project into the future the health, housing and income characteristics of older Canadians	Seniors	To provide policy analysts and researchers with a tool to assess the needs of older Canadians	1988	1992
Health and Independence Expectancy of Canada's Seniors	To document the relationship between health status and independence by various socio-demographic characteristics of older Canadians through the 1986 Census and the Health and Activity Limitation Survey	Seniors	To identify health status of older Canadians to develop appropriate policy and program responses for a rapidly aging society	1990	1991
National Health Information Council	Federal/Provincial/ Territorial Advisory Committee reporting to the conference of D.M. of Health		Provide a data base to expand knowledge and program on women's health		
Fitness and Physical Activity-Risk Assessment	To examine the effect of physical fitness and physical activity on all cause mortality, cancer CVD and other causes	All Canadians	Journal articles	Ongoing	
Study of explanted Heme breast implants	Retrieval and analyses of explanted Heme breast implants. Identification of potential failure modes of poly-urethane foam covered breast implants.	Women who have Heme breast implants.	Safer breast implants. Users better informed about risks and benefits.	1990	1992

VII. WOMEN'S HEALTH RESEARCH

Topic	Initiative	Target Population	Intended results	Time Frame	
				Commencement Date	Completion Date
Rubella and Measles Serosurvey	Determination of serologic evidence for immunity of rubella and measles in a selection of military recruits both before and after immunization with MMR vaccine	Young adults	Knowledge about the immunity status of young adults to make measles and rubella and the proportion of non-immunes that benefit from immunization in order to guide immunization policy	January to March 1991	
Communicable Diseases Surveillance	Documentation of cases of specific communicable diseases and collection of demographic and risk factor information on these cases in order to guide prevention programs and set health goals	All Canadians	Improved information of communicable diseases and improved prevention programs	Ongoing	
Vaccine Adverse Reaction Surveillance	Documentation of events temporally associated with the administration of vaccines	All Canadians, especially children	Early warning of adverse effects due to vaccines Improved knowledge about assocciated events	Ongoing	
Immunization Guidelines	The National Advisory Committee on Immunization meets regularly to develop guidelines on the use of vaccines in Canada	All Canadians	Improved immunization practices	Ongoing	
Outbreak Surveillance of Disease Clusters	Documentation of outbreaks and collection of information on each outbreak of disease clusters	All Canadians	Identification and prevention of factors causing outbreaks	1991	Ongoing
Research in Family Planning	Special competition	Mostly women but also men	Generate practical community-based approaches to family planning	1990	
Determinants of Healthy/ Independent aging	Research and Development	Mostly women but also men	Generate knowledge of what factors promote healthy independent and aging	1990 proposal development	
Home Care	Federal/Provincial/ Territorial study	Home care providers and recipients	Report and recommendations	1986	1990

VII. WOMEN'S HEALTH RESEARCH

Topic	Initiative	Target Population	Intended results	Time Frame	
				Commencement Date	Completion Date
STD Surveillance	(i) Collection of data on incidence, prevalence and consequences of STD in Canada	Public health personnel, clinicians, laboratory workers and other interest parties.	Reports to be published in the Canada Diseases Weekly Report (CDWR)	Within the calendar year	
	(ii) Analysis of hospital discharge data on pelvic inflamatory disease in Canada	Women	Reports to be included in the CDWR	Within the calendar year	
STD Epidemiological Research	Secondary analysis of Canada Youth and AIDS Study Results. To analyze determinants of increased risk of STD in Grade 11 students	Public health community	Reports on determinants of risk of STD	Within the calendar year	
Canadian Guidelines for Diagnosis, Management and Treatment of STD	(i) Major workshop, March 1991, to discuss revisions needed and format needed for guidelines	Primary care physicians and primary care nurses	Production of 2nd Edition of Guidelines Improved treatment and management of STD	Within the calendar year	
	(ii) Evaluation of Canadian Guidelines on Treatment and Management of STD Questionnaire of family physicians on the treatment for specific STD	Primary care physicians	To be used in the Guidelines revision task and to assist the College of Family Physicians of Canada in training programs	Within the calendar year	
Listeriosis Surveillance and Case Control Study	Special surveillance of this disease that is found most commonly in pregnant women and their unborn child and often results in damage to or death of the child Case control study to determine the risk factors, including food comsumption, for acquiring this disease	Pregnant women and other high risk groups	Delimitation of the burden of disease Identification of preventable causal factors especially specific foods	1991	1992

VII. WOMEN'S HEALTH RESEARCH

Topic	Initiative	Target Population	Intended results	Time Frame	
				Commencement Date	Completion Date
Canadian AIDS Resource List	Cooperative effort with NHW and CIDA to identify individuals for short, medium or long-term projects on an as-needs basis	Canadians with specific expertise in AIDS and AIDS-related fields, and with experience in developing countries	To facilitate the participation of Canadians in international AIDS activities	Ongoing	
National AIDS Surveillance Program	To collect information on all reported cases of AIDS in Canada	All Canadiens	National Surveillance System. To determine the incidence of the infection	1982	Ongoing
HIV Seroprevalence Studies	To determine the extend of HIV infection	Large population-based groups (e.g. pregnant or child-bearing women) and selected target groups (e.g.injection drug users)	To provide information necessary to target educational efforts for women and men most effectively	Ongoing	
Pilot Intervention Programs for Injection Drugs Users	Cost-sharing of pilot projects within the provinces of B.C., Alberta, Manitoba, Ontario, and Québec	Women as injection drug users or sexual partners of injection drug users	To determine the effectiveness of intervention strategies	Ongoing	
Sexually Transmitted Diseases	(i) Study of prevalence of human papilloma virus (HPV) among a population of active women.	Native women in metropolitan Winnipeg.	Published articles	1991	1991
	(ii) Study of HPV as a precursor risk factor of Cervical Cancer	Women	Published articles	1991	1994
	(iii) Study of Incidence of Gonorrhea in Children and Adolescents	Children less than 12 years of age and adolescents 12-15 years of age.	More accurate information on the incidence of gonorrhea in children and adolescents	1991	1995
	(iv) A Workshop on the Control of Chlamydia	Laboratory workers and STD control personnel from each province and territory	Consensus on issues in the control of chlamydia and consensus on possible strategies for control	1991	1991

VII. WOMEN'S HEALTH RESEARCH

Topic	Initiative	Target Population	Intended results	Time Frame	
				Commencement Date	Completion Date
Research about women and mental health issues	(i) Encourage and support research about women and mental health issues; and include mental health scales in national surveys of health and social supports	Women	Increased funding of research about women and mental health More researchers and more research proposals on subjects related to women's mental health Improved statistics and other survey-based information related to women's mental health issues	1990	Ongoing
	(ii) Research about developmental mental health issues of young women	Transitional years between youth and adulthood	Improved information about the mental health issues and needs of young women	1991	Long range
	(iii) Encourage the development of cross-cultural methodologies in mental health research	Women	Increased the availability of culturally sensitive research findings: e.g. related to homelessness among women, victims of violence	1990	1991
Breast Cancer	Federal/Provincial Consultation	Women	Promote delivery of organized programs in provinces for screening; Develop National Guidelines for Screening	1988	Ongoing
Cervical Cancer	Federal/Provincial Consultation	Women	Promote delivery of organized programs in provinces for screening; Develop National Guidelines for Screening	1989	Ongoing

VIII. REPRODUCTIVE HEALTH

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Adolescent Sexuality	Federal/Provincial/ Territorial Report on Adolescent Reproductive Health	Adolescent males and females	Provide strategies for action at the federal provincial and territorial levels	1988	1991
Consensus Building on Reproductive Health Issues	Internal discussion paper on Reproductive Health	Females and males	Agreement on common understanding of Reproductive Health and to identify policies and Programs to support activities in Reproductive Health	Summer 1990	
Changing Patterns of Obstetrical Care	Research into changing patterns of obstetrical care	Women and health professionals	To facilitate the provision of midwifery care and make recommendations for improved training	1991-92	
Guidelines for Reproductive Health Clinics	Development of national guidelines	Mostly women	To have agreed upon guidelines and to facilitate access to services in reproductive health	1990-91	
Sexually Transmitted Diseases	STD Booklet	Youth	Information education	1989	1991
Reproductive Health	Cooperation with the Royal Commission on New Reproductive Technologies	Women and families	To inquire and report on current potential medical and Scientific development related to new reproductive technologies	1989	Long range
Review of safety and efficacy of contraceptives	Review submissions received from manufacturers seeking authorization to market contraceptives such as "Today's" sponge and female condoms	Manufacturers and women of reproductive age.	Safety and efficacy of marketed devices	1990	1995

VIII. REPRODUCTIVE HEALTH

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Chemical Safety	(i) Monitoring of organochlorine compounds including PCBs in human milk	Lactating mothers	To determine the levels of these chemical contaminants in human milk and to assess the public health significance of the findings	Ongoing	
	(ii) Study on effects of PCBs on reproduction	Women	To determine the effects of body burdens of these contaminants on reproduction and to assess their potential for producing behavioural deficits in offspring	1986-87	1991-92
	(iii) Improve methods of evaluating human teratogenic potential of chemicals in food chain and apply these to the assessment of both natural and synthetic substances found in food.	Women	To refine scientific procedures regarding the assessment of chemicals with respect to their ability to produce congenital malformations and apply these to food chemicals to preclude such effects in the human population.	Ongoing	

IX. WOMEN'S OCCUPATIONAL AND ENVIRONMENTAL HEALTH

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Environment Safety:					
(i) Canadian farm operator Cohort study Cancer linkage	Continuation of work on a cancer morbidity study regarding the health of cohort of 1971 farm operators, particularly as it relates to socioeconomic variables, farm and work histories and pesticide use.	1971 female farm workers	To examine mortality patterns for female farm operators and determine need for further study.	1991	1992
(ii) Survey of Canadian agriculture workers	Continuation of survey of the current knowledge and attitudes of a selected group of agricultural workers with respect to health hazards of pesticide use and appropriate safety practices.	Farm operators (orchardists)	To understand current knowledge and attitudes of workers including who influences the attitudes of farmers (e.g., women) such that education/ training efforts can be directed at appropriate individuals.	1991	1992
Great Lakes:					
(i) Ontario Cohort Study of Great Lakes Fish and Wildlife	To define Ontario residents exposure to eating Great Lakes Basin fish and wildlife.	Ontario residents	Guide further research and public health policy development	1990	Ongoing
(ii) Health Effects - Cancer Risk Assessment	An assessment of cancer risks for Great Lakes municipalities is being carried out using ecological and case-control approaches	Canadian residents of municipalities in Great Lakes Drainage Basin	To guide further research		Ongoing

IX. WOMEN'S OCCUPATIONAL AND ENVIRONMENTAL HEALTH

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Environment: Winnipeg case-control study of radon and lung cancer	To assess the risk of lung cancer due to exposure in homes (note: radon is a naturally occurring radioactive gas.)	Canadian residents of private dwellings	Journal publications		
Birth defects and drinking water quality	To analyze the birth defect rates and drinking water quality in 64 Ontario municipalities	Ontario residents	Assessment of any relationship between birth defects and drinking water contaminants	Ongoing	
Indoor Air Quality	To determine the characteristics of employees who are more likely to report air-quality problems in their building	Canadians who work in sealed buildings	Conference presentation	1990	1991
The Bureau of Radiation and Medical Devices BOMAB (Bottle Man Absorption) family. Modification of the LLNL torso phantom.	The Human Monitoring Laboratory is designing phantoms that can be used to calibrate (or assess) whole body counters, thorax counters, and thyroid monitors. A female BOMAB phantom is under construction. Breast overlays will be created to fit the LLNL torso phantom.	All women potentially exposed to internal contamination by radio-nuclide	The new phantoms and accessories will provide better calibration data for in-vivo monitoring facilities so that internal doses (and hence the health risks) can be more accurately assessed.	1988	1991
Assessment of the risk of ultrasound heating of the fetus during fetal Doppler diagnostic ultrasound blood flow examinations.	Review of voluntary US standard for Doppler devices. Development of tissue mimicking phantoms for measurement of ultrasonic heating. Maintaining a data base for screening estimations of ultrasonic fetal heating for devices sold in Canada. Publishing educational literature on risk assessment.	Sonographers, examining physicians, biomedical engineers, pregnant women.	Contribution to knowledge base on the risks of a novel obstetrical modality for diagnostic ultrasound. Increased level of awareness of risks of fetal Doppler blood flow examinations. Increased level of safety of fetal Doppler diagnostic ultrasound devices.	1990	1993

IX. WOMEN'S OCCUPATIONAL AND ENVIRONMENTAL HEALTH

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Survey of mammography equipment and practices in Eastern Ontario.	Survey of all mammography clinics in Eastern Ontario	Operator of mammography equipment, women undergoing mammography	Identifying possible problems through the evaluation of equipment, film processing, image production, quality assurance procedures, and suggesting remedial actions, where necessary.	1990	1992
Effects of breast implants on mammography.	Study of the reduction of diagnostic quality of mammographic images caused by the presence of breast implants. Evaluation of effects of the implants on patient radiation dose.	Women who underwent augmentation mammoplasty	Improved risk assessment of mammographic procedures for patients who underwent augmentation mammoplasty.	1991	1995
Radiation risk of bone densitometers	Study of the radiation levels and risks connected with the use of bone densitometers	Patients undergoing x-ray bone scan (usually women screened for osteoporosis), x-ray equipment designers and operators.	Improved risk assessment of bone densitometry.	1992	1993
National Dose Registry Cohort Study	To obtain risk information on Canadians exposed to ionizing radiation as recorded in the National Dose Register	Canadians	Journal articles	1984	1993
National Occupational Exposure Surveillance Program	To collect information on health-care workers exposed to HIV-infected blood as a result of a job-related incident	Health-care workers	To determine the risk to health-care workers of acquiring HIV infection as a result of a percutaneous or mucus membrane exposure to HIV-infected blood	Ongoing	
Women's Occupational Health (WOH)	Round Table on WOH	Researchers, Policy Advisors, Advocacy Groups and Health Providers	Publication of the Proceedings. Strategies to be developed to guide future activities	1991 Planning	1992 Event

IX. WOMEN'S OCCUPATIONAL AND ENVIRONMENTAL HEALTH

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Safety code for mammographic x-ray equipment	Production of safety code dealing with patient radiation safety, occupational safety and mammographic equipment effectiveness.	Women undergoing mammography, operator of mammographic equipment, facilities administrators.	Improving the safety of mammogaphic equipment use.	1993	1994

X. ACTIVE LIVING AND SPORT

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Guiding Principles on Girls and Women and Physical Activity	To fully integrate the Guiding Principles on Girls and Women and Physical Activity within all aspects of Fitness Canada's policies, and the services and programs it develops within its target group units and other areas of emphasis		Re-establishing Fitness Canada's commitment to the Guiding Principles; Having the Contributions Program incorporate the Guiding Principles; Ensuring that all Fitness Canada staff are made aware of the Guiding Principles and their implications	1990	1995
Network Development	Advisory Committee on Girls and Women and Physical Activity (ACGWPA) National Umbrella agencies concerned with Active Living Federal Provincial/ Territorial government relations	Women with disabilities Girls/young women Older women Working women	Enhancing and supporting the role of the ACGWPA within all aspects of Fitness Canada's programs and services Establishing working links between the Advisory Committee's Sub-committee and Fitness Canada staff Consideration and implementation of women's issues within plans and initiatives of agencies Establishing and maintaining contacts with provincial/territorial governments to exchange information	1990	1992

X. ACTIVE LIVING AND SPORT

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Awareness/ Education	Development of a calendar/agenda	Fitness community and girls/women in general	Demonstrate how girls and women participate in physical activity in their everyday lives Provide positive images of girls and women participating in physical activity	1989	1991
Women in Workplace Project	To investigate physical activity as a tool to enhance well-being among female production workers	Women in the workplace	To identify barriers to physical activity participation for working women and to develop possible benefits of workplace sponsored programs	1990	1991
Youth	(i) Day Care Survey (done by Canadian Institute of Child Health)	Young girls major target group	To find out what kind of courses in physical activity were offered in colleges for ECE	April 1990	December 1990 Final Report
	(ii) My choice - Active Living for young Canadian (Adolescent Lifestyle Package)	Young girls major target group	Geared to educational and community recreation setting with an emphasis on physical activity	1990 Piloting taking place	1991 Actual package available
	(iii) Blueprint for action/exploring opportunities to implement the guiding principles in the Blueprint for Action regarding access regardless of gender, ability ethnicity, etc.			1992	

X. ACTIVE LIVING AND SPORT

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Nutrition Physical Activity Positive Self & Body Image	Vitality Project (i) 1991 Calendar (ii) Public Awareness Campaign (Television, print and radio P.S.A.'s)	All Canadians - first year target 25-44 years of age with 9-13 years of education	Awareness of the Vitality Program and the benefits of integrating the three components: 1. healthy, enjoyable eating 2. enjoyable physical activity 3. positive self and body image	i) Calendar Fall 1990 ii) Public Awareness Campaign December 1990	December 1990 Ongoing

XI. ABORIGINAL AND NORTHERN WOMEN

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Mental Health	Native Mental Health Consultation and Policy Framework Development.	Aboriginal and Northern Women	A federal policy framework to address mental health needs.		Draft framework March 31, 1991 Submission to Central Agencies Fall 1991
Family Violence	Family violence initiative.	Victims of family violence Indian and Inuit Communities.	Reduce level of family violence in Indian/Inuit Communities	April 1, 1988	March 31, 1992
Child Sexual Abuse	Child Sexual Abuse Initiative	Children - Indian and Inuit communities	Reduce level of Child Sexual Abuse in Indian/Inuit communities	April 1, 1987	March 31, 1991
Promotion of Health & Well-Being	National Drug Strategy Initiative.	Youth	TBD	TBD	
Native Employment Career Development	Health careers promotional activities; bursaries and scholarships; community-based programs and institutional support	Indigenous Groups	TBD	Ongoing	

XII. IMMIGRANT AND VISIBLE MINORITY WOMEN

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Policy Review and Development	Act as catalyst to enhance sensitivity within Dept. and cooperating agencies of needs and risks of target groups	Immigrant and Visible Minority Women	Departmental and Canadian policies and programs responsive to health and welfare needs of immigrant and visible minority women	Ongoing	
Liaison with Immigrant and Visible Minority Women's Groups	Effective collaboration with DAC, P/T Liaison Officials, NGO'S and IDC on immigrant and visible minority women	Departmental Management, provinces, NGO'S and professional associations	Full integration of immigrant and visible minority women into Canadian societies as agents and beneficiaries	Ongoing	
Follow-up to the Report: After the Door Has Been Opened	Study of mental health issues affecting immigrants and refugees	Immigrants and Refugees	Implementation of select recommendations of the report	Ongoing	

XIII. SENIOR WOMEN

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Women & Aging Workshops	Provincial Seniors Office & Seniors Organizations hosting workshops for senior women under the leadership of the Senior's Secretariat and NHW	Women 55 and over	Educate women on topics such as health care, health care system, pension schemes transportation, housing. Allow them to voice their needs and provide them with means to remain independent	Fall 1989	1992/1993
Elder abuse	Develop an inventory of programs, services and policies in Canada	Canadian seniors, visible minority, handicapped natives.	Establish what are the current services available and to add to the knowledge base on elder abuse in Canada.	1990	1991
Literacy	Development and application of a national literacy strategy for older Canadians in collaboration with One Voice	Seniors 55 and over	To raise the general awareness of society of the existence of low literacy among older Canadians, related problems and solutions. To create a partnership between people involved in literacy and have them act on specific strategies.	1990	1994
Older Women and Economic Well-Being	To prepare a paper on the various social, demographic and economic characteristics of today's and tomorrow's senior women	Women 45 and over	To identify those groups of older women in need of support To develop a range of policy & programs options to address their needs	1991	1991

XIV. INTERNATIONAL ACTIVITIES

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
UN Commission on Status of Women	Representation on Canadian delegation and related duties	Women	To promote Canada's views regarding key importance of women/family health to social well-being and socioeconomic development	Ongoing	
Women, Health and Development (WHD)	Provision of leadership for women in Health and Development nationally, regionally and internationally (in keeping with resolutions from PAHO and WHO)	Women in Canada, region and the world with special emphasis domestically on native and immigrant women	Improved health and integration of WHD in development policies and programs	1986	1990
Representation of Women on Delegations to ensure equitable representation	Structure composition of delegations to ensure equitable representation	Professional women	Equitable representation of men and women	Ongoing	
International Meetings of WHO and PAHO	(i) Apprise Canadian representatives at meetings of the Nairobi Forward-Looking Strategies (ii) Branch representatives at these meetings will ensure that women's issues and concerns are considered and reflected in goals and workplans of these agencies	Members of Canadian delegation to international meetings	Adoption of measures that would promote the realization of the Nairobi FLS	Ongoing	

XIV. INTERNATIONAL ACTIVITIES

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
F/P Advisory Committee on International Health Affairs	(i) Facilitate involvement of the provinces in international health activities re FLS (ii) Serve as the focal point for consultation in the preparation of the Canadian position on various international health matters and for debriefings on international health meetings (iii) Serve as the focal point for preparation of Canada's position for the 1992 WHO Technical discussions on Women, Health and Development	Members of the Committee	Coordinated development of Canadian international health positions which take FLS into account	Ongoing	
European Centre for Social Welfare Policy and Research (ECSWPR), ISSA.	Branch representatives will continue to ensure that these agencies are apprised of the FLS and that women's issues and concerns (particularly of older women) are recognized and reflected in their work plans	Officials in these organizations, women	Promotion of measures to promote the FLS	Ongoing	
UN Convention on the Rights of the Child	Coordination of HWC participation to review programs, policies and legislation	All children up 18 years, & all families, people, systems interacting with children	Ratification implementation especially in the area of health & welfare in Canada	1990	1991 and ongoing implement-ation
Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)	Monitor, encourage, compliance and respond to CEDAW	Females of Canada	Elimination of discrimination	Ongoing	

XIV. INTERNATIONAL ACTIVITIES

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Canadian Delegations to UN Commission on Social Development and UNICEF	(i) Make efforts to ensure the UN Commission for Social Development and UNICEF work in concert with the UN Branch for the Advancement of Women (ii) Take the initiative to ensure that these UN bodies are mutually complementary in their work for the promotion of the advancement of women		Improved coordination of UN efforts on women's issues	Ongoing	
WHO Expert Committees and Study Groups	(i) Monitor and promote the involvement of women on expert Committees and Study Groups (ii) Proposals by the Branch of Women Experts to WHO	Women scientists and experts	Increased involvement of women in WHO Expert Committees and Study Groups. Elimination of gender bias in WHO publications	1990	Ongoing
WHO/PAHO Fellowship	Contact women's groups to apprise them of the existence of fellowship and encourage them to apply	Professional Women and experts	Equitable representation of women among Fellows	1991	Ongoing
NGO's	Sensitize, inform Canadian NGOs with international interests of the action plans and the steps taken by the Canadian government for the implementation of the FLS	Relevant NGO Population	Promote the inclusion of the FLS in the international activities of Canadian NGOs.	Immediate	Ongoing

XIV. INTERNATIONAL ACTIVITIES

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
International Year of the Family (1994)	Planning and coordination of HWC lead role at federal level in Canada. Ensuring that Nairobi FLS & CEDAW principles are included in the Intl. Year of the Family	All families, family members & people interacting with families	Appropriate preparation & celebration by all interested	1990	1994 Intl. Year of the Family

XV. EQUITY IN EMPLOYMENT

Topic	Initiative	Target Population	Intended Results	Time Frame	
				Commencement Date	Completion Date
Increased Representation of Women in Senior levels of the Scientific and Professional Category	Recruit more to Senior levels of the Scientific and Professional Category	Senior Managers (SM) minus one and female graduates	Identify women with potential and encourage participation in developmental programs Provide experience through acting appointments Recruit female graduates and provide focal point for recruitment within Branch	1990	
PY Reduction	Ongoing monitoring of impact of PY reductions on women	Women	Identify problems arising as a result of PY reduction Propose measures to reduce impact though appropriate implementation of workforce adjustment policy Counselling, retraining opportunities and redeployment	Ongoing	

APPENDIX II

REPORT ON THE CONSULTATION WITH NATIONAL WOMEN'S ORGANIZATIONS ON CANADA PENSION PLAN CREDIT SPLITTING

A consultation with representatives of national women's organizations, the Canadian Bar Association and the media took place in Ottawa, Ontario on March 22, 1991.

Introduction

The Assistant Deputy Minister of Income Security Programs (NHW), opened the meeting and briefly outlined the reason for the consultation, that is, the operational problem of implementing the credit splitting provisions of the Canada Pension Plan (CPP). He outlined the day's agenda and undertook to get back to the participants with a report on the day's discussions and what the Department plans to do as a result.

Credit Splitting and How it Works

The Assistant Director General, Policy and Legislation, Income Security Programs, gave a brief description of the Canada Pension Plan, the history of the credit splitting provisions and the problems faced in trying to implement them.

The CPP is a national contributory social insurance program which, together with the Old Age Security program, provides Canadians with retirement income. The CPP also provides survivors, disability and death benefits as well as benefits to orphans and children of disabled contributors. There are about 9.5 million contributors of whom approximately 4.1 million are women. The average retirement pension is approximately $410 for men and $250 for women. This gap reflects the current gap in wages and labour force participation of men and women in Canadian society.

When the Plan was originally established, the intent was that the contributor would have the right to a pension and the contributor's family would be protected by survivors benefits and would share in his retirement benefit. The Royal Commission on the Status of Women expressed concern about women's rights to share in their husbands' pensions, particularly on marriage breakdown and recommended improvements in the CPP. Following federal/provincial discussions, the credit splitting provision was introduced in 1978 in recognition of the fact that each partner in a marriage contributes towards the CPP pension. The provision was improved and expanded in 1987.

The Assistant Director General pointed out that in the case of divorce, annulment or legal separation there is no longer any time limit. Therefore, one does not lose out on a division of pension credits if it does not take place right away. However, it is preferable that it occur in a timely fashion both from the point of view of the client and the department. Therefore, the CPP administration would very much like to move forward with implementation.

Round Table

The meeting was then turned over to the participants who raised a number of issues, concerns and questions both specific and general.

It was suggested that the Central Divorce Registry at the Department of Justice is an obvious source of information to make the splitting of CPP pension credits automatic. The Quebec Pension Plan (QPP) has implemented an automatic mechanism and the CPP should do the same. The QPP undertook a massive advertising campaign following the introduction of credit splitting in 1977 and the result was a 25 percent take-up rate. Following the 1989 amendment which made credit splitting automatic (unless a specific decision was made to opt out) the take-up rate increased to 84 percent. It was suggested that this is the way to go and NHW should pursue this route.

While the Central Divorce Registry records all divorces which take place in Canada, it does not contain the information needed by CPP to automatically divide pension credits, that is, the Social Insurance Numbers (SIN) and/or addresses of the spouses. NHW indicated that it will be working with Justice to obtain provincial cooperation in developing an effective mechanism to obtain the necessary information.

The importance of the type of message which is disseminated by NHW was stressed. First of all, individuals have a right to know this information and this should underlie all communication activities. Although the mandatory aspect sometimes causes a problem from the point of view of an individual's freedom to choose, from a public policy point of view, the reasons underlying this particular provision of the Plan are valid. Society must recognize the contribution of those who don't work outside the home; this is very important in terms of advancing the equality of women and recognizing the traditional role of women. Although there appears to be a widespread view that the CPP is a benefit for people in paid work, we must recognize the value of work in the home or in a jointly owned business.

There were also a number of general considerations raised which must be taken into account:

- Since the issue is different with respect to divorces, legal separations and common-law separations, it may be necessary to deal with each situation separately. Even if the Central Divorce Registry or an equivalent automatic system can be used for divorces, remedies must still be found for separations. There is very little valid or useful information available with respect to separations, either legal or common-law; however, NHW undertook to look into this further.

- Existing information is almost always in written form and this is a problem for many, particularly those with little or no skills, and for francophones. Information must also be accessible to the disabled. Everyone has a right to know but if one can't read, for example, one can't know.

- Immigrant women have particular needs and cultural differences, including the dominant role of men in many cultures, must be recognized. Information kits are provided to new immigrants but do not provide information as to rights. This is the type of information which immigrant women must have.

- Native women face particular problems. For example, when their partners are involved in the land-based economy, they do not contribute to CPP and they often have no attachment to the income tax system.

- Statistics show that approximately 8 out 10 women who become disabled after marriage end up divorced while the rate for men who become disabled after marriage is almost the reverse. Disabled women are also at the lowest income level and are either not making any contributions to CPP or making only minimal contributions.

- There is a need to deal with the general impoverishment of women and to take into account the changing demographics whereby we will have an increasing number of seniors, most of whom will be women.

- Lack of cooperation between governments or government agencies is a concern where preoccupation with protecting territory can interfere with the provision of service.

- There are particular difficulties in communicating with farm and rural women. Credit splitting can be a very small concern when your farm and whole way of life are disappearing.

- Experience with Saskatchewan's Pension Plan showed that the greatest impact in terms of getting the message across was from television advertising and the least impact was from print media.

There were a number of observations and comments related to the role of lawyers and the legal aspects of credit splitting.

- While it is incumbent upon lawyers to provide information to their clients, it is also incumbent upon NHW to ensure that correct and timely information is widely disseminated to lawyers. For example, the Preece decision was not well advertised and the department continued to circulate out-of-date information even after this decision was rendered. The department is very good at providing information when asked but many people are not aware that this service is available.

- Credit splitting is often seen both by lawyers and their clients as comparatively unimportant. Lawyers are obliged to follow their client's instructions and in the case of a battered woman, she is interested only in having the whole process finished. If child custody is in dispute, pension credits seem irrelevant.

- Credit splitting is confusing for lawyers. The report of the Alberta Institute on Law Reform pointed out the fact that the law and its application are not clear in terms of opting out. Pensions tend to be considered as property and property laws come under provincial jurisdiction with considerable variation from one province to another.

- There is an increasing number of people in the middle income range who can't afford a lawyer but have too much income to be eligible for legal aid. Thus, providing information to lawyers does not ensure the information reaches all eligible clients.

- It should not be necessary to consult a lawyer to find out about credit splitting. The implications of marriage, separation and divorce should be mainstream knowledge. "Participaction" was cited as an appropriate analogy.

- While lawyers clearly have a role in terms of education and information, this should not be left just to lawyers. In rural or small communities, for example, a lawyer handling divorces is likely a general practitioner as opposed to a family law specialist and may not have all the information.

- With respect to separations, many people do not consult a lawyer and do not know what a legal separation is.

The need to educate and inform, and particularly the need to reach young women, was stressed. Many people are not aware of credit splitting and many young women don't see it as an issue for them. They consider it an "old woman's" issue. There is also considerable evidence that many young women still expect someone to look after them from "cradle to grave". Efforts should be made to reaffirm the importance of the work of women's groups in educating and informing women as to their rights to economic independence and safety.

The timing of the provision of information was also raised. Divorce and separation are a part of life. We should be proactive and consider providing information at many stages of life such as at the time of marriage, as new immigrants enter the country, to women in shelters, to students, etc. Often credit splitting has no immediacy because it is seen as a benefit only at age 65.

The need to recognize the reality of women's experiences and individual stories was suggested. On divorce a woman is often hurt and angry, wants to cut all ties with the ex-spouse and won't pursue her rights. Someone involved in a custody dispute will not argue over pension credits. This reality must be recognized in terms of timing and type of information provided.

A number of suggestions were put forward:

- Simplify the credit splitting form and make it less intimidating.

- Consider retrieving from the income tax system the information necessary for automatic splitting and include in the income tax booklet information about credit splitting rights. Use of the income tax system raised questions about privacy.

- Pension credits should be automatically split between partners at the time of contribution.

- Look at Ontario's "Dial-a-Law" service as an information vehicle.

- Make a 1-800 number available.

- Provide information to lawyers on the value of the pension credits so it is possible to assess what a client might be giving up.

- Include women's issues as part of school curriculum.

A question was asked as to what would happen to survivors benefits if pension credits were split at the time contributions were made. There could very well be a negative impact, e.g. the survivor pension of a non-earning widow would be lower. It has been estimated that overall women would be losers. It was also suggested that survivors benefits be treated as a family asset.

There was also a question as to the impact of Saskatchewan's provision to allow opting out.

Summary of Round Table:

The Assistant Deputy Minister undertook to summarize the morning's proceedings and to try to put a framework on the results. He said that he thought there were three dimensions in terms of how to deal with the problem.

1. Long-term

There is a legislative framework - the Canada Pension Plan legislation. The idea of looking at concurrent splitting was put forward as well as the development of new links with the income tax system. These would require a shift in government policy and legislation which would require provincial agreement since the CPP is a joint venture. However, this meeting is not the forum in which to launch a major policy debate. As national organizations, participants have opportunities to bring pressure to bear as each organization deems appropriate.

2. *Medium term*

It is clear that there is a need to change the onus of responsibility from the public to the government. The ability of the government to make use of the Central Divorce Registry will reflect this change in onus. Although there are problems with the Registry, the Department undertook to try to solve them. The Central Divorce Registry does not now get either addresses or SIN's; the data related to divorces originates in the provinces and the women's organizations may be able to help the federal government in accessing that information. NHW will pursue this recognizing that it still leaves the problem of how to deal with legal and common-law separations.

3. *Short term and on-going*

In terms of both the immediate and on-going activities, we must look at the role of government, lawyers, the media, women's groups, individuals, other professionals such as accountants and educators, etc., in terms of who has to do what. There is the question of when the information should be provided. Is it provided at the wrong time, for example, at a time of great duress when custody is in dispute and this is of less relevance and importance? In terms of information for purposes of counselling, if we expect lawyers to counsel their clients, it must be informed counselling. Apart from the theoretical value of a CPP pension, it is possible to calculate a projected value of benefits. This will be done and provided to lawyers and others providing counselling and information.

The problem with language has several dimensions - the question of communicating in both English and French and at a level which is comprehensible to the client. We must deal with the literacy question and television seems to be one answer to this. Even though that is an expensive approach, it will be looked at. The placement of information is important, for example, in shelters for victims of family violence. Divorce kits, income tax kits and kits provided to immigrants were mentioned. Diversity must be taken into account, i.e. urban/rural, native peoples, immigrants, disabled, language needs, legal/common-law separations.

In summary, the key administrative shift that the government can make is to shift the principle onus from the public to the government. In this regard, NHW will explore further the use of the Central Divorce Registry to provide the information necessary to automatically split pension credits. In the interim, what can and should the department be doing and how can the participants and their organizations help?

Round Table - Strategies

Participants discussed possible strategies in terms of underlying messages, approaches and specific proposals.

In the area of education and information, it was felt that asking the formal school system to assume responsibility is not the way to go. The school system is already overburdened and many students are turned off by the formal approach. The best way is to expose young people to the information but not require them to learn it in a structured setting. The less formal the method of communication, the better the chance of reaching the target group. We should be looking at on-going educational activities to inform people of their rights.

There were several comments about the provision of information generally:

- Information is provided on the basis of a number of assumptions such as timing, relevancy and literacy skills.

- There is a need to look at the process of information in terms of both NHW giving it and how it is received in a meaningful way.

- It is important to target men as well as women. Intimidation often occurs because the man is convinced that the woman 'doesn't know' and he, therefore, is in control. Men must be sensitized to the fact that women do know.

- There may be a need for general information about CPP. Many women work in the "underground" economy and we all contribute to the poverty of women when we don't insist that they become part of the regular economy.

- Education in a pro-active manner is the key because people have a right to know.

It was stressed that the greatest emphasis must be put on the kind of message to be put forward. There is the technical message but the good news message is that of acknowledging the contribution of women and the various forms that contribution has taken. The fundamental communication is that of equal partnership, that the credit split takes place because of the partnership. The value of the right to the pension credits, the value of the contribution to society and the recognition of the place of women in society must be evident.

A wide range of ideas and proposals were put forward (not in any order of priority):

- Provide information at Citizenship Courts.

- Do a Family Allowance cheque insert.

- Consider sending to the non-contributing spouse a copy of the Contributor Information Statement which goes to all contributors on a regular basis. While records of spouses are not now matched, NHW will look into this recognizing that privacy concerns are an issue.

- Provide information to lawyers on the value of the pension credits using examples.

- Consider surveying lawyers to try to find out how many women are still signing agreements waiving their rights to credit splitting.

- Even though a television campaign may be effective, it is a very expensive way to go. We should know our clientele before embarking on such a costly route.

- Put information into divorce kits and consider a logo like "Participaction".

- Participants will help NHW in publicizing the right to credit splitting by way of articles in their newsletters, publications, etc. NHW will assist in providing appropriate information.

- Divide pension credits at the time of contribution.

- Produce a video for use at meetings with women's groups.

- Hold a follow-up meeting with national organizations.

- Consider using an ad agency to produce visual and print material; on the other hand, it was also suggested that careful thought be given to this idea. It is most important that the message be succinct and well targeted. It was also suggested that actual quotes from women be used.

- Women's groups might look at undertaking projects such as going into schools to speak to students, develop a resource speakers group or partner with a local school or teacher's federation to disseminate information.

- Look at ways in which NHW could find resources to support women's organizations to hold promotional meetings.

- The Canadian Bar Association will look at better dissemination of information beyond large centres; will need information package from NHW for this purpose.

- The Bar Association will also assist in working with Justice to make use of the Central Divorce Registry.

- NHW should ensure that local staff are well informed, offer services in both languages and are prepared to provide information sessions to groups at appropriate language level.

- Set up a 1-800 number.

- The National Association of Women and the Law (NAWL) will help in the area of public information to lawyers.

- Consider a small committee of representatives of women's groups to promote the flow of information.

- Provide funding and material to legal education societies in each province to disseminate information.

Conclusion

The meeting was very productive. The informal atmosphere promoted a frank exchange of views and ideas and overall the day was extremely useful from NHW's point of view. The cooperation and input from all participants was deeply appreciated.

The Assistant Deputy Minister, Income Security Programs, undertook to provide a report of the meeting within three weeks, the outline of a follow-up action plan within three months and to convene a further, perhaps larger, meeting at an appropriate time after that. This was not a one time event and the importance of keeping everyone informed of the outcome was recognized.

As one participant said, ***"We're on our way."***

APPENDIX III

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

National Office

Primary Bilary Cirrhosis Mutual Support Network Expansion # 6549-2-0154

Canadian Liver Foundation
Suite 301
1320 Yonge Street
Toronto, Ont.
M4Y 1T4
(416) 964-1953

Total Contribution: $197,116
October 1, 1987 to May 31, 1991

This project aimed at increasing the effectiveness of the existing network by forming satellite groups at the local level to strengthen the Primary Biliary Cirrhosis Mutual Support Network Expansion.

Towards A Canadian Women's Health Network # 6549-2-0192

Coordinating Committee for a
Canadian Women's Health Network
58 Arthur Street
Ottawa, Ont.
K1R 7B9
(613) 563-4801

Total Contribution: $344,967
July 15, 1989 to June 15, 1992

The purpose of this project is to develop and maintain a participatory, decentralized process through which groups involved in women's health issues will work together to ensure the continued existence of a women's health network.

Breastfeeding Protection: A Professional Awareness Programme. Phase 1; Needs Assessment # 6549-2-0230

INFACT Canada/Infant Feeding
Action Coalition
10 Trinity Square
Toronto, Ont.
M5G 1B1
(416) 595-9819

Total Contribution: $46,500
April 1, 1990 to March 31, 1991

The aim of this project is to conduct a needs assessment for the development of a programme of in-service training for health professionals and create a supportive and protective environment for breastfeeding.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

National Office

Les Éditions Communiqu'Elles
Les Éditions Communiqu'Elles
3585 St. Urbain
Montréal, Que.
H2X 2N6
(514) 844-1761

6549-2-0252

Total Grant: $20,000
November 21, 1990 to March 31, 1991

The goal of this project is to publish an anthology dealing with the economic, social and medical conditions of women and AIDS entitled: "Les femmes canadiennes et le SIDA: au-delà des statistiques"/Canadian Women and AIDS: Beyond Statistics.

Aboriginal Women and AIDS
Indian and Inuit Nurses of Canada
47 Clarence Street
3rd Floor
Ottawa, Ont.
K1N 9K1
(613) 230-1864

6549-2-0254

Total Grant: $38,283
January 14, 1991 to November 14, 1991

This project proposes to undertake the development of an in-stand poster display directed towards women and AIDS in the aboriginal communities in response to the increasing impact of AIDS.

National Association of Women and the Law - 1991 National Conference
National Association of Women and the Law
50 Cowan Avenue
Toronto, Ont.
M6K 2N4
(416) 537-6628

6549-2-0255

Total Grant: $4,000
February 22, 1991 to March 22, 1991

The goal of this project is to increase public awareness of the social and legal issues that affect poor women, and foster creative problem-solving among conference participants and the general public.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Atlantic Office

Self-Help for PMS
East Prince Women's Information Centre Inc.
240 Water Street
Summerside, P.E.I.
C1N 1B3
(902) 436-9856

6550-7-0024

Total Contribution: $153,296
February 1, 1988 to September 30, 1990

The objectives of this project include informing and educating women about PMS and facilitating the development of effective support systems.

Nine to Five
Mann House Corp
P.O. Box 3442
Charlottetown, P.E.I.
C1A 8V7
(902) 892-0679

6550-7-0038

Total Contribution: $30,728
August 1, 1989 to June 30, 1990

The purpose of this project is to develop an out-patient program for chemically dependent women who cannot access the in-patient program which includes a residential component.

The More We Get Together...
Canadian Research Institute for the Advance of Women - Conf. Comm.
84 Great George Street
Charlottetown, P.E.I.
C1A 4K4
(902) 566-0475

6550-7-0046

Total Grant: $10,000
November 1, 1990 to March 31, 1991

The purpose of this project is to hold a national conference focusing on women with disabilities in order to address the need to overcome the differences of ability/disability among women.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Atlantic Office

Needs Assessment and Plan of Action for Women and Menopause # 6550-7-0048

Women's Network
P.O. Box 233
Charlottetown, P.E.I.
C1A 7K4
(902) 368-5040

Total Grant: $15,000
November 2, 1990 to March 31, 1991

The purpose of this project is to develop and distribute a comprehensive handbook on menopause and conduct three regional workshops for health care professionals and interested women.

Nobody's Perfect - Home of the Guardian Angel # 6550-8-0118

Home of the Guardian Angel
Single Parent Centre
6345 Coburg Road
Halifax, N.S.
B3H 2A4
(902) 422-7964

Total Contribution: $79,403
September 1, 1987 to August 31, 1990

The aim of this project is to give young single mothers access to accurate, up-to-date information on their children's health, safety, development and behaviour.

Women's Clinical Resource Development # 6550-8-0150

Nova Scotia Commission on
Drug Dependency
6th Floor,
Lord Nelson Building
5675 Spring Garden Road
Halifax, N.S.
B3J 1H1
(902) 424-4270

Total Contribution: $195,500
January 1, 1988 to December 31, 1990

The aim of this project is to enhance treatment services to chemically dependent women in Nova Scotia.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Atlantic Office

Women and AIDS
Pictou County Women's Centre
P.O. Box 964
New Glasgow, N.S.
B3H 5K7
(902) 755-4647

6550-8-0192

Total Grant: $30,000
March 4, 1991 to September 13, 1991

This project will create through a "kitchen talk" format, an environment in which women will examine their current values and behaviours, and focus on using more protective behaviours.

Whole Women
Support to Single Mothers Inc.
207 Robinson Street
Moncton, N.B.
E1H 5C5
(506) 858-1303

6550-9-0049

Total Contribution: $308,163
February 1, 1988 to March 31, 1992

The goal of this project is to identify the health concerns of low income, single women and develop a program to address these issues.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Quebec Office

Le groupe d'entraide: "Femmes et Fortes" # 6551-2-0511
Le groupes d'intervention "Le Droit
de Dire Non"
1055 Berthelot, App. 4
Quebec, Que.
G1R 3E8
(418) 649-0202

Total Contribution: $184,140
January 2, 1988 to December 31, 1990

The purpose of this project is to establish a self-help group in Quebec City to serve women who have been abused during their childhood.

Santé mentale des femmes # 6551-2-0512
Maison des Femmes des Bois-Francs
49 rue Des Forges
Victoriaville, Que.
G6P 1N7
(819) 758-3384

Total Contribution: $223,400
January 4, 1988 to December 31, 1990

The goal of this project is to create a radio "soap opera" consisting of 26 episodes presenting current situations, conflicts and stresses pertinent to mental health.

Les femmes et la nourriture: un rapport conflictuel # 6551-2-0513
Centre des Femmes de Verdun
3993 rue Wellington
Verdun, Que.
H4G 1V6
(514) 767-8139

Total Contribution: $174,951
January 1, 1988 to March 31, 1991

The aim of this project is to increase women's knowledge about the causes, effects and consequences that eating disorders may have on their lives.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Quebec Office

Les femmes se refont la santé
Centre de Santé des Femmes du Quartier Plateau Mont Royal
16 est boul. St-Joseph
Montreal, Que.
H2T 1G8
(514) 842-8903

6551-2-0514

Total Contribution: $175,938
April 1, 1988 to March 31, 1991

Three workshops will be held dealing with mental health, sexuality and premenstrual and menstrual discomfort.

Élaboration et mise en oeuvre d'un programme d'abondon du tabac pour les femmes en milieu de travail
Club Santé Respir-Action
585 boul. Manseau
Joliette, Que.
J6E 3E5
(514) 759-8222

6551-2-0542

Total Contribution: $35,197
September 4, 1989 to December 31, 1990

A smoking cessation program will be developed specifically to address the needs of women smokers in Québec.

Time for a Change: a Prevention and Mental Health Promotion Program for the Visible Minority Immigrant Women
Chinese Family Service of Greater Montreal
987, rue Côté
4e étage
Montréal, Que.
H2Z 1L1
(514) 861-5244

6551-2-0569

Total Contribution: $139,000
January 1, 1990 to January 31, 1993

The goals of this project are to undertake culturally sensitive measures to promote community awareness around mental health issues, create a social support network and sensitize existing health services of Chinese immigrant women.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Quebec Office

La santé des femmes: ça vaut le coût # 6551-2-0570

Le Centre de Santé des
Femmes de la Mauricie
1700 St-Olivier
Trois-Rivières, Que.
G9A 4C7
(819) 378-1661

Total Contribution: $127,000
January 1, 1990 to December 31, 1992

The aim of this project is to conduct collective workshops on women's health and produce a guide dealing with the problems associated with stress, burn-out, post gynecological surgery and related consequences.

Groupes d'entraide # 6551-2-0593

Alternative pour Elles
292, Fortin
Rouyn-Noranda, Que.
J9X 6E3
(819) 797-1754

Total Contribution: $50,600
April 1, 1990 to March 31, 1992

The aim of this project is to provide a training program to enable post-sheltered women victims of violence to establish self-help groups allowing them to regain control of their physical and mental well being after they leave the shelter.

Événement culturel dans le cadre du forum: "Les femmes et le sida au Québec: les enjeux" # 6551-2-0605

La fondation pour l'immuno-déficience.
6767, Côte-des-Neiges
Suite 205
Montréal, Que.
H3S 2T6
(514) 737-2010

Total Grant: $15,670
November 21, 1990 to March 31, 1991

The goal of this project is to organize a provincial forum in order to provide cultural awareness events geared particularly to young women and adolescents.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Quebec Office

Femmes haïtiennes
Groupe d'action pour la
prévention du sida...(GAP-SIDA)
10769, avenue Parc Georges
Montreal, Que.
H1H 4Y6
(514) 722-5655

6551-2-0612

Total Contribution: $100,000
March 1, 1991 to March 1, 1993

The aim of this project is to establish education and prevention programs in order to promote safer sex practices to diminish the high ratio of AIDS and HIV cases among the female Haïtian population.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Ontario Office

Project "Cope"
Elizabeth Fry Society
Hamilton Branch
627 Main Street East
2nd Floor
Hamilton, Ont.
L8M 1J5
(416) 527-3097

6552-2-0133

Total Contribution: $407,320
January 1, 1988 to June 30, 1991

The purpose of this project is to create an atmosphere of learning to enable participants to understand and increase their control over substance abuse and addiction.

Northwestern Ontario Birthing Booklet
Northwestern Ontario
Women's Health
Information Network
Box 1045,
8A North Cumberland St.
Suite 17
Thunder Bay, Ont.
(807) 344-1410

6552-2-0136

Total Contribution: $108,488
December 1, 1987 to June 30, 1990

The goal of this project is to provide women and their families with a booklet containing basic medical and nonmedical information to prepare them for an out-of-town delivery.

Project LIB-AIR-TÉ
Eastern Ontario Health Promotion
Foundation
1000 Pitt Street
Cornwall, Ont.
K6J 5T1
(613) 933-1375

6552-2-0211

Total Contribution: $56,810
June 1, 1989 to December 31, 1990

This project proposes to develop a program that reduces the number of women who smoke in the mainly Francophone county of Prescott-Russell and to increase the number of smoke-free worksites.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Ontario Office

Environnement favorable pour le mieux-être des femmes
Réseau des femmes du sud de l'Ontario - Collège Glendon
Manoir 204
2275 Bayview Avenue
Toronto, Ont.
M4N 3M6
(416) 661-7299

6552-2-0214

Total Contribution: $96,000
November 15, 1989 to October 31, 1991

The goal of this project is to provide its members with a mutual aid and support base to increase physical, mental and social well-being among Franco-Ontarian women in southern Ontario.

Traduction - Taking Care
Union culturelle des Franco-Ontariennes
50 rue Vaughan
Ottawa, Ont.
K1M 1X1
(613) 741-1334

6552-2-0215

Total Contribution: $96,830
November 1, 1989 to April 30, 1991

The purpose of this project is to translate the "Taking Care" manual in French in order to provide disadvantaged Francophone women with access to adequate, plain-language health information.

The Self-Help/Mutual Aid Option
Self-Help Clearinghouse of Metro Toronto
215-40 Orchard View Blvd.
Toronto, Ont.
M4R 1B9
(416) 487-4355

6552-2-0217

Total Contribution: $42,000
September 1, 1989 to March 31, 1991

This project plans to administer a program that will facilitate the development of self-help/mutual aid groups and strategies for women who have quit smoking and wish to remain non-smokers, and women who wish to quit smoking.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Ontario Office

Women and Environments Conference
Women and Environments Education and Development Foundation
26 Morrow Avenue
Toronto, Ont.
M6R 2J2
(416) 533-4076

6552-2-0289
Total Grant: $15,000
September 19, 1990 to September 30, 1990

The aim of this project is enable the publication and widespread distribution of proceedings of an Ontario-wide conference held to focus women's perspectives on environmental issues.

Health and Dis-Abled Women Network
Dis-Abled Women's Network - Toronto
160 The Esplanade,
Suite 601
Toronto, Ont.
M5A 3T2
(416) 368-1331

6552-2-0290
Total Contribution: $325,059
September 6, 1990 to August 31, 1993

The goal of this project is to establish a provincial network of women with disabilities who will assist other disabled women, as well as health care professionals, through information sharing and discussions.

Public Education, Advocacy and Communications Project
Ontario Immigrant and Visible Minority Women's Organization
555 Bloor Street West
Toronto, Ont.
M5S 1Y6
(416) 538-2045

6552-2-0292
Total Grant: $11,850
July 12, 1990 to March 31, 1991

The purpose of this project is to increase awareness and understanding of health issues affecting immigrant and visible minority women and, in turn, their families.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Ontario Office

Female Youth and Addiction Video Project # 6552-2-0297

Sandy Hill Health Centre/de Santé
Côté de Sable
24 Selkirk Street
Vanier, Ont.
K1L 6N2
(613) 741-7962

Total Grant: $35,900
September 1, 1990 to March 31, 1991

The goal of this project is to produce a video which will follow a community-based, preventive strategy to address the problems of drug use and abuse in a young, high-risk female population.

Bilingual Women's Outreach and AIDS Education Project # 6552-2-0300

The AIDS Committee of Ottawa
267 Dalhousie Street
Suite 201
Ottawa, Ont.
K1N 7E3
(613) 238-5014

Total Contribution: $150,000
January 16, 1991 to March 31, 1993

This project is designed to promote among Francophone and Anglophone women the skills to build an awareness of HIV transmission and prevention, and to work cooperatively with community organizations involved in women's health.

Women with HIA/AIDS Telelink Project # 6552-2-0305

AIDS Committee of Cambridge
Kitchener, Waterloo and Area
886 Queens Boulevard
Kitchener, Ont.
N2M 1A9
(519) 741-8000

Total Grant: $26,500
February 15, 1991 to March 31, 1993

The aim of this project is to develop a model for linking geographically-isolated women with HIV/AIDS, many of whom are single parents with limited means for travel to larger centres.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Ontario Office

Dialogue for Survival and the Black Community
Black Coalition for AIDS Prevention
55 McCaul Street
P.O. Box 221
Toronto, Ont.
M5T 2W7
(416) 971-7588

6552-2-0306

Total Contribution: $85,000
February 15, 1991 to January 31, 1993

The goal of this project is to develop and produce an educational video to promote awareness and to encourage discussion about AIDS in the Black community.

A Needs Assessment of AIDS Awareness Within the Immigrant Women's Community of Toronto
Immigrant Women's Health Centre
750 Dundas Street West
Suite 301
Toronto, Ont.
M6J 1T8
(416) 367-1388

6552-2-0313

Total Contribution: $60,000
March 6, 1991 to June 30, 1992

The aim of this project is to undertake a needs assessment to determine the extent of AIDS awareness within the immigrant women's community and identify gaps in the transfer of AIDS information.

Voices of Positive Women Organizational Development Project
The Toronto P.W.A. Foundation
464 Yonge Street, Suite 201B
Toronto, Ont.
M4Y 1W9
(416) 925-7112

6552-2-0315

Total Grant: $20,000
March 5, 1991 to August 31, 1991

This project will allow the sponsor to set the stage for building and strengthening a community-based, consumer-controlled group of HIV+ women by focusing on organizational development.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Prairies Office

Addressing the Health Problems of Women in Prison: A Community Approach to Health Care # 6553-2-0059

The Elizabeth Fry Society of Saskatchewan
307-135 - 21st Street East
Saskatoon, Sask.
S7K 0B4
(306) 934-4606

Total Contribution: $155,297
October 1, 1985 to May 31, 1990

This project seeks to increase the accessibility of health education programs for female offenders in Saskatchewan.

Women and Violence # 6553-2-0074

Ad Hoc Committee on Women and Violence. P.A. Coop Hlth. Cen.
110-8th Street East
Prince Albert, Sask.
S6V 0V7
(306) 763-6464

Total Contribution: $188,100
January 2, 1988 to March 31, 1991

The goal of this project is to establish long term mutual support groups which will address issues such as self-esteem, isolation, the stigma of being a battered woman, physical safety and self-care skills.

Women and Substance Abuse # 6553-2-0108

Elizabeth Fry Society of Saskatchewan Inc.
#307, 135 - 21st Street E.
Saskatoon, Sask.
S7K 0B4
(306) 934-4606

Total Contribution: $65,454
August 1, 1988 to March 31, 1991

The goal of this project is to develop and implement an educational program on substance abuse to meet the needs of female substance abusers in Prince Albert and Saskatoon.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Prairies Office

Stories of Women
Women's Post Treatment
Development Proposal
246 Toronto Street
Winnipeg, Man.
R3G 1S2
(204) 783-5460

\# 6553-2-0121

Total Contribution: $32,825
October 1, 1988 to March 31, 1992

The purpose of this project is to publish a book based on the experiences of women affected by chemical dependency and childhood sexual abuse.

Street Drug Program
Elizabeth Fry Society
Hamilton Branch
627 Main Street East
2nd Floor
Hamilton, Ont.
L8M 1J5
(204) 943-6379

\# 6553-2-0132

Total Contribution: $85,125
April 1, 1990 to March 31, 1992

The implementation of a drug awareness and treatment program which will include the preparation and distribution of pamphlets on drug use, using street language will be undertaken.

Outreach Community Health Care Project
Fort Garry Women's
Resource Centre Inc.
Southwood Mall
1910 Pembina Highway
Winnipeg, Man.
R3T 4S5
(204) 269-6836

\# 6553-2-0133

Total Contribution: $151,619
July 1, 1989 to September 30, 1991

An Outreach Program will be established to help improve the current situation of mothers in high risk groups and remove barriers that have prevented them from fully accessing available resources.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Prairies Office

Women's Mid-Life Health Maintenance Outreach Project
Saskatoon Community Clinic
Community Health Services Ltd.
455 Second Avenue North
Saskatoon, Sask.
S7K 2C2
(306) 664-4241

6553-2-0141

Total Contribution: $57,300
November 1, 1988 to March 31, 1991

The goal of this project is to develop a specific health promotion program directed towards women in this target area involving a series of workshops and presentations with various organizations that have a high population of women.

Take Control
Saskatoon Community Health Unit
City of Saskatoon
101-310 Idylwyld Drive North
Saskatoon, Sask.
S7L 0Z2
(306) 975-7680

6553-2-0150

Total Grant: $55,000
March 22, 1989 to August 31, 1990

The objective of this project is to develop and implement a smoking cessation program designed by and for women.

Self-Growth Workshops for Women
Women's Health Clinic
3rd Floor, 419 Graham Avenue
Winnipeg, Man.
R3C 0M3
(204) 947-1517

6553-2-0175

Total Grant: $21,160
January 1, 1990 to June 30, 1991

The object of this project is to design and implement a series of self-growth workshops for the prevention of relapse in women who have maintained six months of sobriety.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Prairies Office

Women and AIDS Conference
Ad Hoc Committee on Women and AIDS
c/o 300-800 Portage Avenue
Winnipeg, Man.
R3G 0N4
(204) 945-1062

6553-2-0219

Total Grant: $19,650
October 3, 1990 to April 30, 1991

A two day conference is scheduled for November, 1990 designed to raise women's awareness about the risk of HIV infection and to provide an opportunity for women to acquire risk reduction information and skills.

Développement de programmes de promotion de la santé chez les Franco-manitobaines - Phase 2 et 3
Pluri-elles (Manitoba) Inc.
186, rue Goulet
Saint-Boniface, Man.
R2H 0R8
(204) 233-1735

6553-2-0221

Total Contribution: $169,995
December 3, 1990 to November 30, 1992

The overall goal of this project is to develop a health promotion program that encourages personal initiatives in the context of self-help at local levels and strengthen the ability to work on behalf of French-speaking women in Manitoba.

Women and AIDS
AIDS Saskatoon Inc.
P.O. Box 4062
Saskatoon, Sask.
S7K 4E3
(306) 242-5005

6553-2-0231

Total Grant: $22,965
December 1, 1990 to October 31, 1991

The purpose of this project is to organize workshops and seminars which will focus on women who are marginalized from the mainstream society and who may be potentially at a higher risk.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Prairies Office

Women and Substance Use- Facilitating a Community Response
University of Regina
Extension Division
Room 202, College Building
College Ave. & Scarth St.
Regina, Sask.
S4S 0A2
(306) 779-4774

6553-2-0248

Total Contribution: $28,000
March 1, 1991 to October 31, 1991

The goal of phase one of this project is to increase community awareness and stimulate community participation and action regarding women's problematic use of substances.

A Holistic Approach to the Healing of Women Suffering from Victimization and Chemical Dependency
Prince Albert Mobile Crisis Unit Co-operative Ltd.
1100 - 1st Avenue East
Prince Albert, Sask.
S6V 2A7
(306) 764-1039

6553-2-0249

Total Grant: $89,438
March 1, 1991 to May 31, 1992

The goal of this project is to develop and pilot test a holistic self-care program for a constituency of Aboriginal women who are incarcerated, and who have lived a destructive and abuse lifestyle as a result of sexual and chemical abuse.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Western Office

Downtown Eastside Women's Centre Health Project
Downtown Eastside Women's Centre
44 East Cordova Street,
Vancouver, B.C.
V6A 1K2
(604) 681-8480

6554-2-0091

Total Contribution: $85,440
April 1, 1988 to June 30, 1990

The purpose of this project is to increase the availability of health information and resources and to support self care practices by women of the Centre.

The Women and AIDS Project
Vancouver Women's Health Collective
#302-1720 Grant Street
Vancouver, B.C.
V5L 2Y7
(604) 255-5363

6554-2-0221

Total Contribution: $187,100
January 2, 1990 to December 31, 1991

The purpose of this project is to conduct a literature review, as well as a needs assessment to determine the problems and obstacles preventing women from practicing safer sex.

Take Time To Talk (A Family Life Project)
The Disabled Women's Network of British Columbia
14564 106a Avenue
Surrey, B.C.
V3R 1T4
(604) 584-4449

6554-2-0237

Total Contribution: $32,750
February 6, 1990 to July 31, 1991

The aim of this project is to utilize self-help and mutual aid mechanisms in order to enable disabled women and their children to cope constructively with their adjustment problems.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Projects Funded in Fiscal Year 1990-91

Western Office

Crabtree Corner Fetal Alcohol & Narcotic Addicted Syndrome Demonstration Project # 6554-2-0503

YWCA, Crabtree Corner
101 East Cordova Street
Vancouver, B.C.
V6A 1K7
(604) 683-2531

Total Grant: $140,745
February 7, 1990 to March 31, 1992

The goals of this project are to create community and individual awareness of fetal alcohol and narcotic addicted syndrome, and support mothers and staff who are coping with afflicted children.

Fetal Alcohol Syndrome Video # 6554-2-0504

Council for Yukon Indians
22 Nisutlin Drive
Whitehorse, Yukon
Y1A 3S5
(403) 667-7631

Total Grant: $30,000
May 14, 1990 to October 31, 1990

The goal of this project is to create a video that will be used as a tool in community development focusing on preventing and minimizing the problem of Fetal Alcohol Syndrome and Fetal Alcohol Effects.

APPENDIX IV

NATIONAL HEALTH RESEARCH AND DEVELOPMENT PROGRAM (NHRDP)

WOMEN'S HEALTH ISSUES

P.I., Dept., Institution, Project, Title & No.	Financial History
CHANDRA, R.K. Pediatrics, Medicine and Biochemistry, Memorial U. of Newfoundland Influence of food antigen avoidance during pregnancy and lactation and mode of infant feeding on development of atopic eczema 6601-1083-54	11,301.00/87-88 68,066.25/88-89 46,618.75/89-90 13,998.00/90-91
RATMAN, Samuel Nfld. Public Health Laboratory The Leonard A. Miller Centre for Health Services The Newfoundland and Labrador Prenatal Study of HIV Seroprevalence 6601-1158-AIDS	43,900.00/90-91
GRANTHAM, Marlene Victoria General Hospital Further evaluation of a program to measure and recognize registered nurses' clinical competence at the Victoria General Hospital 6603-1296-57	32,588.00/88-89 64,666.00/89-90 0.00/90-91
IMBACH, Andrée Physiologie, U. de Montréal Étude des paramètres reliés à l'état osseux chez la femme âgée normale vivant à domicile et chez celle hospitalisée pour une fracture de la hanche 6605-2412-56	20,678.49/87-88 67,187.08/88-89 31,642.83/89-90 0.00/90-91

KLEIN, Michael C.
Family Medicine, McGill U.
Clinical trial of two perineal management strategies
6605-2731-44

25,799.00/87-88
82,224.00/88-89
87,631.00/89-90
7,533.00/90-91

BRISSON, Jacques
Social & Preventive Medicine, Laval U.
Risk factors for human papillomavirus type 16 lesions of the uterine cervix: a case control study
6605-2768-54

49,170.00/87-88
147,027.00/88-89
33,044.00/89-90
25,470.00/90-91

SAUCIER, Jean-François
Médecine, U. de Montréal
Étude sur l'adaptation de la mère à la naissance de son nouveau-né: la détection précoce de la haute probabilité d'une dépression post-partum
6605-2796-44

37,595.19/88-89
127,390.05/89-90
67,537.37/90-91

BEAULAC-BAILLANGEON, Louise
U. Laval
Quantification de l'exposition du nourrisson aux analgésiques pris par la mère pendant la lactation
6605-2820-52

10,175.99/87-88
11,460.21/88-89
15,141.80/89-90
0.00/90-91

INFANTE-RIVARD, Claire
Santé Communautaire, Hôpital Sainte-Justine
Évaluation du risque d'avortement spontané et de mort foetale en association avec la présence d'un anticoagulant lupique
6605-2827-53

7,461.00/87-88
34,941.00/88-89
30,407.00/89-90
0.00/90-91

HANKINS, Catherine
Montreal General Hospital
Risk factors for human immunodeficiency virus infection among incarcerated women
6605-2951-AIDS

8,730.00/87-88
21,436.00/88-89
15,832.00/89-90
142,332.00/90-91

FOREST, Jean-Claude
Centre de recherche de l'hôpital
Saint-François d'Assise
Marqueurs biochimiques dans le dépistage précoce de la prééclampsie: une étude prospective
6605-2988-52

28,342.00/88-89
56,601.00/89-90
64,892.00/90-91

MARINIER, Raymonde L., Pharmacie,
U. de Montréal
Projet pilote pour étudier l'efficacité d'un programme de relaxation sur le servage des hypnotiques et les symptômes d'insomnie chronique
6605-2994-43

13,485.00/88-89
0.00/89-90
1,498.00/90-91

ALARY, Michel, Social and Preventive Medicine,
U. Laval
Comparison of amoxicillin and erythromycin in the treatment of genital chlamydial infection of pregnant women
6605-2995-54

46,981.25/89-90
105,756.32/90-91

LIPPMAN, Abby
Epidemiology and Biostatistics, McGill U.
Evaluation of "Info-Grossesse"/The Montreal Pregnancy Healthline
6605-2999-57

5,652.66/88-89
47,359.00/89-90
24,320.00/90-91

MARCOUX, Sylvie
Social and Preventive Medicine, Laval U.
The relation of caffeine intake during pregnancy to birthweight
6605-3066-53

25,016.00/88-89
80,143.00/89-90
17,484.00/90-91

KRAMER, Michael S.
McGill U.
Is maternal airway hyperreactivity and/or atopy and etiologic determinant of preterm labour
6605-3259-53

26,148.00/89-90
68,452.00/90-91

FOREST, Jean-Claude
Centre de recherche de l'hôpital
Saint-François d'Assise
Marqueurs prénatals de la trisomie 21
6605-3266-52

61,899.00/89-90
100,559.00/90-91

POMERLEAU, Andrée
Psychologie, U. du Québec à Montréal
Identification des facteurs de risques dans le développement psychologique de nourrissons de deux populations vulnérables (mères adolescentes et mères de milieu socio-économique défavorisé)
6605-3356-64/1

28,064.21/89-90
45,028.85/90-91

DUVAL, Bernard
Centre Hospitalier de l'Université Laval
Prévalence de l'infection à VIH chez les femmes de la région de Québec demandant un avortement
6605-3433-AIDS

30,441.00/90-91

REMIS, Robert S.
Centre for AIDS Studies, Montreal
Study of HIV seroprevalence among women undergoing abortion in Montreal
6605-3435-AIDS

32,750.00/89-90
44,460.00/90-91

TOUSIGNANT, Pierre
Depts. of Medicine and Epidemiology
Royal Victoria Hospital
Évaluation des oestrogènes chez les femmes en début de ménopause pour la prévention des fractures de la hanche
6605-3497-OS

8,350.00/90-91

BRAVO, Gina
Centre de recherche en gériatrie
Hôpital d'Youville
Évaluation d'un programme d'activités physiques s'adressant aux femmes ostéoporotiques âgées de 50 à 70 ans
6605-3507-OS

12,750.00/90-91

JARRELL, John F.
Obstetrics and Gynaecology, McMaster U.
Costs and outcomes of an <u>in vitro</u> fertilization program
6606-3255-43

40,815.00/87-88
45,889.00/88-89
40,936.38/89-90
13,000.00/90-91

HANLEY, William B.
Pediatrics, Hospital for Sick Children
Collaborative study of the treatment of maternal phenylketonuria
6606-3265-X

30,404.00/87-88
46,219.01/88-89
64,952.57/89-90
71,547.80/90-91

DUMAS, Genevieve A.
Mechanical Engineering, Queen's U.
Study of postural changes of the trunk during pregnancy
6606-3429-59

12,950.00/87-88
34,563.00/88-89
36,977.00/89-90
0.00/90-91

GOTLIB, Ian H.
Psychology, U. of Western Ontario
The effects of maternal depression on infant development
6606-3465-46

15,211.00/87-88
83,061.54/88-89
89,905.88/89-90
35,518.00/90-91

REID, Robert L.
Obstetrics and Gynaecology, Queen's U.
Evaluation of the relationship between oestrogen exposure and with withdrawal to cyclic symptoms of premenstrual syndrome
6606-3510-42

18,275.00/88-89
13,700.00/89-90
3,600.00/90-91

ELMSLIE, Thomas
Elisabeth Bruyère Health Centre
Assessment of sexual behaviour related to transmission of HIV infection among women in the primary care setting
6606-3661-AIDS

11,200.00/88-89
65,799.00/89-90
8,500.00/90-91

SWARTZMAN, Leona
Psychology, U. of Western Ontario
Stress management intervention for menopausal hot flushes: elucidating the mechanisms of action
6606-3799-42

11,000.00/88-89
39,673.00/89-90
48,175.00/90-91

WHIFFEN, Valerie E.
Psychology, U. of Ottawa
The comparison of postpartum with non-puerperal depression
6606-4254-64/1

11,184.00/89-90
13,000.00/90-91

AVISON, William R.
Sociology, U. of Western Ontario
Mental and physical health of mothers and children in single-parent families
6606-4262-64/2

20,000.00/89-90
108,500.00/90-91

COATES, Randall A., Preventive Medicine and Biostatistics, U. of Toronto
The Ontario HIV seroprevalence study in women of reproductive age
6606-4323-AIDS

210,789.00/89-90
247,364.00/90-91

READ, Stanley E.
Hospital for Sick Children
Medical evaluation of juvenile prostitutes - a feasibility study
6606-4331-AIDS

57,157.00/89-90
6,350.00/90-91

SILLETT, Mary
Pauktuutit, Inuit Women's Association
Documentation of traditional Inuit practices related to pregnancy and childbirth
6606-4345-T

18,411.00/89-90
6,055.14/90-91

YENDT, Edmund R.
Dept. of Medicine, Queen's University
A Global Approach to Risk Factor Assessment in Primary Osteoporosis in Women with Special Reference to Reduced Creatinine Clearance A Newly Identified Risk Factor
6606-4414-OS

30,200.00/90-91

AVISON, William
Centre for the Study of Health and Well Being
University of Western Ontario
Long Term Predictors of Maternal and Child Health Problems
6606-4560-63

15,000.00/90-91

TURNER, Jay
Dept. of Sociology, University of Toronto
Teenage Pregnancy: Factors Influencing Intermediate Outcomes Among Young Mothers and Their Children
6606-4571-63

10,000.00/90-91

COHEN, Marsha M.
Social and Preventive Medicine, U. of Manitoba
A population-based study of cervical screening in Manitoba
6607-1401-53

31,801.00/87-88
26,930.92/88-89
21,461.78/89-90
2,090.00/90-91

PLUMMER, Francis A.
Medical Microbiology, U. of Manitoba
Perinatal transmission of HIV infection and pediatric AIDS
6607-1444-AIDS

43,237.00/87-88
59,027.00/88-89
74,992.00/89-90
80,000.00/90-91

KAUFERT, Patricia A.
Dept. of Community Health Sciences
University of Manitoba
Hormone Replacement Therapy in Saskatchewan: 1975-1987
6607-1569-OS

127,540.00/90-91

DICKSON, Gerri
College of Nursing, University of Saskatchewan
Development of a Research Design to Investigate Family Violence from the Native Women's Perspective
6608-1292-49 (FV)

1,794.00/90-91

GODEL, John C.
Pediatrics, U. of Alberta
Northern infant nutrition study
6609-1342-56

123,031.00/87-88
59,149.00/88-89
90,000.00/89-90
1,077.33/90-91

WATANABE, Hiroko
Medicine, U. of Calgary
Studies on premenstrual tension syndrome
6609-1344-52

0.00/87-88
9,118.00/88-89
3,000.00/89-90
0.00/90-91

ROMANOWSKI, Barbara
Alberta Dept. of Health
Canadian collaborative study of human immunodeficiency virus infection among sexually active women
6609-1444-AIDS

215,650.00/87-88
229,144.87/88-89
226,322.75/89-90
14,050.00/90-91

INNES, Jean E.
Faculty of Nursing, University of Alberta
Models and Strategies of Delivering Community Health Services Related to Woman Abuse: A Critical Review
6609-1670-CH(L)

10,300.00/90-91

LINDEN, Wolfgang
Psychology, U. of British Columbia
Behavioural management of hypertensive, pregnant women
6610-1501-44

22,119.00/87-88
7,616.00/88-89
20,269.00/89-90
9,639.00/90-91

TINGLE, Aubrey J.
Paediatrics, U. of British ColumbiA
Postpartum rubella immunization: a randomized placebo-controlled clinical trial
6610-1613-54

30,000.00/89-90
120,000.00/90-91

PRIOR, Jerilynn C.
Associate Professor, Medicine
University of British Columbia
Cancellous Bone Change in Ovulatory Premenopausal Women: Five-Year Follow-Up Study
6610-1723-0S

24,180.00/90-91

YANG, Chin-Po Paul
Cancer Control Agency of British Columbia
The influence of lactation, prior abortions, postmenopausal progestin use, occupational exposures and passive smoking on the incidence of breast cancer
6610-1834-55

4,755.00/89-90
8,100.00/90-91

RISCH, Harvey A.
U. of Toronto
A record-linkage cohort study of menopausal hormone usage and endometrial cancer in Saskatchewan
6613-1324-53

22,988.00/89-90
22,840.00/90-91

Figures for 1990-91 are not final.

APPENDIX V

REPRESENTATION OF WOMEN ON INTERNATIONAL DELEGATIONS

Year	WHO Total No. of Delegates	No. of Women Delegates	PAHO Total No. of Delegates	No. of Women Delegates
1987	13	3	7	2
1988	14	4	8	2
1989	11	3	7	2
1990	16	4	8	2

APPENDIX VI

FORTY-THIRD WORLD HEALTH ASSEMBLY

WHA43.3

Agenda item 17

14 May 1990

PROTECTING, PROMOTING AND SUPPORTING BREAST-FEEDING

The Forty-third World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28 and WHA41.11 on infant and young child feeding and nutrition;

Having considered the report of the Director-General on infant and young child nutrition;

Reaffirming the unique biological properties of breast milk in protecting against infections, in stimulating the development of the infant's own immune system, and in limiting the development of some allergies;

Recalling the positive impact of breast-feeding on the physical and emotional health of the mother, including its important contribution to child-spacing;

Convinced of the importance of protecting breast-feeding among groups and populations where it remains the infant-feeding norm, and promoting it where it is not, through appropriate information and support, as well as recognizing the special needs of working women;

Recognizing the key role in protecting and promoting breast-feeding played by health workers, particularly nurses, midwives and those in maternal and child health/family planning programmes, and the significance of the counselling and support provided by mothers' groups;

Recognizing that, in spite of resolution WHA39.28, free or low-cost supplies of infant formula continue to be available to hospitals and maternities, with adverse consequences to breast-feeding;

Reiterating its concern over the decreasing prevalence and duration of breast-feeding in many countries;

1. THANKS the Director-General for his report;

2. URGES Member States:

(1) to protect and promote breast-feeding, as an essential component of their overall food and nutrition policies and programmes on behalf of women and children, so as to enable all women to breast-feed their infants exclusively during the first four to six months of life;

(2) to promote breast-feeding, with due attention to the nutritional and emotional needs of mothers;

(3) to continue monitoring breast-feeding patterns, including traditional attitudes and practices in this regard;

(4) to enforce existing, or adopt new, maternity protection legislation or other suitable measures that will promote and facilitate breast-feeding among working women;

(5) to draw the attention of all who are concerned with planning and providing maternity services to the universal principles affirmed in the joint WHO/UNICEF statement on breast-feeding and maternity services that was issued in 1989;

(6) to ensure that the principles and aim of the International Code of Marketing of Breast-milk Substitutes and the recommendations contained in resolution WHA39.28 are given full expression in national health and nutrition policy and action, in cooperation with professional associations, women's organizations, consumer and other nongovernmental groups, and the food industry;

(7) to ensure that families make the most appropriate choice with regard to infant feeding, and that the health system provides the necessary support;

3. REQUESTS the Director-General, in collaboration with UNICEF and other international and bilateral agencies concerned:

(1) to urge Member States to take effective measures to implement the recommendations included in resolution WHA39.28;

(2) to continue to review regional and global trends in breast-feeding patterns, including the relationship between breast-feeding and child-spacing;

(3) to support Member States, on request, in adopting measures to improve infant and young child nutrition, inter alia by collecting and disseminating information on relevant national action of interest to all Member States; and to mobilize technical and financial resources to this end.

Twelfth plenary meeting, 14 May 1990
A43/VR/12

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APPENDIX VII

FORTY-THIRD WORLD HEALTH ASSEMBLY

Agenda item 19

WHA43.10

16 May 1990

WOMEN, CHILDREN AND AIDS

The Forty-third World Health Assembly,

Recalling resolutions WHA40.26 and WHA42.33 on the Global AIDS Strategy and resolution WHA41.24 on avoidance of discrimination against HIV-infected people and people with AIDS;

Recognizing the importance both of an integrated approach to the health of women and of the determining role of women in development, as emphasized especially in resolution WHA42.42;

Considering the extensive medical, scientific and psychosocial implications presented by HIV infection/AIDS for women, children and families, and bearing in mind the need to consider the problem of AIDS in mothers and children in the light of a broad approach to the health of mothers, children and families and the goal of health for all by the year 2000;

Acknowledging the leading role of WHO in the guidance and coordination of AIDS education, prevention, control and research;

Considering that the prevention and control of HIV infection/AIDS for women and children call for the strengthening and improvement of the primary health care system and for educational and other psychological and social support programmes for women, children and families;

Stressing the importance of the Paris Declaration on Women, Children and the Acquired Immunodeficiency Syndrome (AIDS);[1]

1. URGES Member States to:

(1) establish and evaluate policies for the control of HIV infection/AIDS incorporating the promotion of behaviour likely to prevent the dissemination of HIV/AIDS as well as prevention and care for women and children, together with the necessary support for families affected by the infection;

(2) ensure that programmes for the control of HIV infection/AIDS are coordinated or integrated with other programmes for women, children and families, particularly maternal and child health, family planning, and sexually transmitted disease control programmes;

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[1] Attached.

(3) evolve strategies to provide counselling and psychosocial support with due respect for confidentiality, to people at risk of AIDS, particularly women and children; including, if they wish and after appropriate counselling, access to confidential HIV testing;

(4) promote safe motherhood for women and ensure that HIV-infected women receive appropriate information and have access to health services, including family planning, counselling and other psychosocial support so that they can personally make informed decisions about childbearing;

(5) mobilize health and social services to respond to emerging needs, especially those of families that suffer discrimination, or are not able to provide child care, and those of children who are abandoned or orphaned;

(6) continue to promote, develop and support programmes for breast-feeding as a basic component of a sound health and nutrition policy;

(7) recognize the close link between HIV infection/AIDS, and use of drugs or similar substances for recreational purposes, which increases the risk of mother-to-fetus transmission;

(8) ensure that appropriate priorities and resources are devoted to research on HIV infection/AIDS in order to set up joint research programmes to develop innovative solutions to issues affecting the health and social conditions of women and children;

(9) recognize, generally in the Global AIDS Strategy and specifically in national programmes, the crucial role of women, women's and nongovernmental organizations in the prevention of HIV transmission and the care of people with AIDS-related diseases;

(10) strengthen the involvement of women by including in national AIDS committees a representative of women's organizations and by enhancing women's social, economic and legal status, inter alia through income generating activities, so that they may participate fully in AIDS control programmes at all levels;

2. REQUESTS the Director-General to:

(1) continue to strengthen WHO's crucial role in promoting the health of women and children with appropriate attention to the control of HIV infection/AIDS in conformity with the Global AIDS Strategy;

(2) take steps to mobilize the necessary resources, both human and financial, to develop and transfer activities and technology for the prevention and care of HIV infection/AIDS in women and children;

(3) devote special attention to those countries that are most affected and whose precarious economic situation calls for a special demonstration of international solidarity, and monitor evolving needs and responses to these needs.

Thirteenth plenary meeting, 16 May 1990
A43/VR/13

Paris Declaration on Women, Children and the Acquired Immunodeficiency Syndrome (AIDS)

The International Conference on the Implications of AIDS for Mothers and Children was held in Paris from 27 to 30 November 1989, to hear scientific presentations and to discuss the policy implications of human immunodeficiency virus (HIV) infection for these important population groups. Based on the discussions and findings from the Conference, the assembled Ministers of Health and their representatives declare:

Considering the extensive scientific and psychosocial implications presented by HIV infection/AIDS in women, children and families, and bearing in mind the need to consider the problems of AIDS in mothers and children in the light of a broad approach to the health of women, children and families and the goal of Health for All by the Year 2000;

Recognizing that the AIDS pandemic – closely associated with problems of drug abuse – has a particularly adverse effect on women and children, and that they are both increasingly exposed to the risk of HIV infection and also suffer extensively from the social and economic impact of HIV infection/AIDS;

Recognizing that the deterioration of the economic situation in many countries adversely affects the health and social status of populations, and in particular, that of women and children;

Recalling the recent adoption of the Convention on the Rights of the Child, the resolutions of the United Nations General Assembly, the World Health Assembly, and the London Declaration of January 1988 on AIDS prevention and, in particular, the need to respect the human rights and dignity of people infected with HIV, their families and those with whom they live;

Acknowledging the leading role of the World Health Organization in the guidance and coordination of AIDS education, prevention, control and research and noting with appreciation the efforts of the World Health Organization/United Nations Development Programme Alliance, United Nations Population Fund, United Nations Children's Fund, United Nations Educational, Scientific and Cultural Organization and other intergovernmental organizations in contributing to the implementation of the Global AIDS Strategy;

Emphasizing the efforts of national AIDS programmes and the role of governments, nongovernmental and voluntary organizations, and the public and private sectors in implementing the Global AIDS Strategy at all levels;

Considering that the prevention and control of HIV/AIDS for women and children requires strengthening and improving the primary health care system, education, and other psychological and social support programmes for women, children and families;

Therefore, given the urgent need to promote and protect the health of women, children and families, we appeal to all governments, the United Nations system, within which the World Health Organization has the responsibility of directing and coordinating the global fight against AIDS, intergovernmental and nongovernmental organizations, the scientific community, health and social professionals and the public at large:

1. To assume leadership and to mobilize the necessary resources, both human and financial, to actively support the prevention and care of HIV infection/AIDS in women and children, particularly in those countries that are most affected and with the greatest economic need, and in conformity with the Global AIDS Strategy.

2. To enhance the role of and the social economic and legal status of women and children; to ensure full participation of women in AIDS programmes at all levels; and to respect the human rights and dignity of women and children, including those who are HIV-infected.

3. To further develop and implement innovative, multi-faceted health education programmes for prevention of HIV infection/AIDS. Information and education programmes for and by young people, including adolescents, should emphasize their responsibilities to prevent the spread of infection to themselves and in their role as future parents.

4. To emphasize the need to prevent stigmatization and discrimination against people with HIV infection/AIDS and those at risk, in all areas of life and for all services, including school.

5. To ensure adequate recognition of the problem of AIDS and HIV infection for all affected populations by developing and maintaining effective national epidemiological surveillance and case reporting systems.

6. To ensure that the HIV/AIDS prevention and control programmes be coordinated or integrated with all other programmes for women, children and families, particularly maternal and child health, family planning and sexually transmitted disease control programmes and to review and strengthen the policies and management of the health and other social services with due consideration to women's perspectives.

7. To ensure that HIV testing is offered to women and children as an integral but voluntary part of health programmes, including counselling and other psychosocial support, with due respect to confidentiality.

8. To promote safe motherhood for all women and ensure that HIV-infected women receive appropriate information and have access to health services, including family planning, counselling and other psychosocial support so that they can personally make informed decisions about childbearing.

9. To ensure that HIV/AIDS prevention and control programmes provide necessary support for families affected by HIV/AIDS by mobilizing health and social services to respond to emerging needs, including for families that suffer discrimination, that are not able to provide child care, or for those children who are abandoned or orphaned.

10. To emphasize availability of and access to necessary health care, including treatment, and to other social and support services for HIV-infected women and children, including recommended immunizations.

11. To continue to promote, develop and support programmes for breast-feeding as a basic component of a sound health and nutrition policy.

12. To ensure adequate and safe blood collection and transfusion services, including use of appropriate screening tests and indications for transfusion.

13. To recognize the close link between HIV infection/AIDS and drug abuse, which increases the risk of HIV transmission, and to assure availability of comprehensive health care, including drug abuse treatment and prevention programmes to minimize the risk of HIV infection of men, women and unborn children by this route.

14. To ensure that appropriate priorities and resources are devoted to research on HIV infection/AIDS in women, children and families, and develop joint research programmes, including programmes on prevention, diagnosis, treatment, medical care and the broader related issues affecting health and social conditions of women and children. The research should also focus on the alternative approaches to providing health and other social services for HIV affected women, children and families.

15. To recognize the crucial role of women in the Global AIDS Strategy and to accelerate the process of empowerment of women against AIDS.

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APPENDIX VIII

EMPLOYMENT AND PARTICIPATION OF WOMEN IN WORK OF WHO
CURRENT SITUATION

	October 1988			October 1990			Net increase/ decrease		
Staff	Women	Men	Total	Women	Men	Total	Women	Men	Total
Established offices									
Headquarters	134	406	540	156	457	613	+22	+51	+73
Regional offices and IARC	91	377	468	99	389	488	+8	+12	+20
TOTAL									
Established offices	225	783	1008	255	846	1101	+30	+63	+93
Projects	70	355	425	72	335	407	+2	-20	-18
TOTAL									
Established offices and projects	295	1138	1433	327	1181	1508	+32	+43	+75
Proportion of posts occupied by women									
Headquarters		24.8%			25.5%			+0.7%	
Regional Offices and IARC		19.5%			20.3%			+0.8%	
Projects		16.5%			17.7%			+1.2%	
TOTAL		20.6%			21.7%			+1.1%	

APPENDIX IX

EMPLOYMENT EQUITY AT HEALTH AND WELFARE

Further to the report entitled BENEATH THE VENEER, on Barriers to Women in the Public Service, Health and Welfare Canada requested a study to examine and assess the status of women at Health and Welfare.

WOMEN AT HEALTH AND WELFARE, 1990

In particular, the focus was on the following issues:

1. Are women adequately represented in all occupations at Health and Welfare?

2. Are women concentrated at the lower levels of occupational groups, or are they equitably distributed throughout all levels?

3. Are women employees advancing within the department, and specifically

   a) Are women moving up into the Management Category, and

   b) Are women moving up out of the Administrative Support Category?

The study also looked at the situation of women who are members of employment equity designated groups - aboriginal people, members of visible minority groups, people with disabilities.

CONCLUSION

Percentage of Women at Health and Welfare

Women made up 65% of all the employees at Health and Welfare, a figure higher than the Public Service average and higher than the percentage of women in the Canadian labor force in general.

A close inspection showed that the percentage of women within almost every occupational group in the department was higher than the Public Service average and higher than external estimates based on data from the 1986 Census. The only problem areas were in a few small occupational groups, such as Dentistry, Veterinary Medicine and Social Work.

Examination of the trends since 1981 showed that in most of the

occupational groups in the department the proportion of women had increased, in some cases quite dramatically.

Differences between Branches

The study found that there were some major differences between branches. For example, the Management Category varied by branch from zero to slightly over 40% women. Other groups with substantial variations were Medicine, Program Administration, and the former Engineering and Scientific Support Sub-group.

Distribution by Level within Occupational Groups

The study found a great deal of variation among the occupational groups at Health and Welfare. Within most groups, women were distributed throughout all of the levels, including the top ones. However, in most cases, the percentage distribution of the women by level was not quite as favorable as the distribution of the men. On the other hand, there were some groups in which the percentage distribution of women was actually better than that of the men. Overall, the department is doing moderately well, but there is room for improvement - the amount of improvement required varies with the particular group.

Women Moving into the Management Category

Women have been moving up into the Management Category in increasing numbers, entering from a variety of occupational groups in the Administrative and Foreign Service and the Scientific and Professional Categories.

Women in Employment Equity Designated Groups

The percentage of female aboriginal employees, members of visible minority groups and women with disabilities was higher than the Public Service average. However , the percentage was lower than external data estimates based on the 1986 Census for women members of visible minority groups and women with disabilities but higher for aboriginal women.

Aboriginal Women In Medical Services Branch 17% of all women were aboriginal, the majority of whom were in the Hospital Services Group, the Nursing Group, and the Clerical Group. Outside Medical Services Branch, 1.1% of the women in the department were aboriginal.

Women Members of Visible Minority Groups Regionally, the Ontario, Pacific and Alberta regions had the highest percentages of visible minority women as a proportion of all the women in the region, while the Quebec and Atlantic regions had the lowest percentages.

Women with Disabilities Occupationally, in comparison to women in general, women with disabilities were more concentrated in the Administrative Support Category, and within the Clerical and Regulatory Group, were more concentrated at the lower levels.

Regionally, the percentage of women with disabilities was highest in the Manitoba region, and lowest in the Saskatchewan, Atlantic and Quebec regions.

Representation of Women by Category 1990-1991

Category	March 31, 1990		March 31, 1991		Percentage Change in Representation
	Total Employees	% Women	Total Employees	% Women	
Management	159	23.9	167	28.1	+ 4.2
Scientific & Professional					
- Junior	717	82.7	732	83.2	+ 0.5
- Intermediate	977	37.3	1068	39.1	+ 1.8
- Senior	225	36.4	214	42.5	+ 6.1
Administrative & Foreign Service					
- Junior	905	62.1	961	63.9	+ 1.8
- Intermediate	520	46.2	556	50.7	+ 4.5
- Senior	138	35.5	138	34.8	- 0.7
Technical					
- Junior	536	49.3	533	48.0	- 1.3
- Intermediate	59	8.5	50	10.0	+ 1.5
- Senior	1	-	2	-	-
Administrative Support	3436	83.4	3298	83.3	- 0.1
Operational					
- Support	223	59.2	194	59.8	+ 0.6
- Junior	192	39.6	212	38.7	- 0.9
- Intermediate	9	-	2	-	-
TOTAL	8099	64.8	8125	65.4	+ 0.6

APPENDIX X

DEPARTMENTAL ADVISORY COMMITTEE ON THE STATUS OF WOMEN CONCERNS

Boisvert, F.
Personnel Administration Branch

Davis, L
Medical Services Branch

Downie, P.
Intergovernmental and International Affairs Branch

Flaherty, Dr. M.J.
Principal Nursing Officer

Goudreault, Dr. L.
Health Services and Promotion Branch

Kouri, E.
Social Services Programs Branch

Lay, M.
Fitness and Amateur Sport

McConnell, M.
Health Protection Branch

Miville, C.
Seniors Secretariat

O'Connell, J.
Income Security Programs Branch

Paltiel, F.L.
Senior Adviser, Status of Women
Chair

Pichette, M.
Policy, Planning and Information Branch

Stark, G.
Communications Branch

COMITÉ CONSULTATIF MINISTÉRIEL SUR LA SITUATION DE LA FEMME

Boisvert, F.
Direction générale de l'administration du personnel

Davis, L.
Direction générale des services médicaux

Downie, P.
Direction générale des affaires intergouvernementales et internationales

Flaherty, Dr. M.J.
Infirmière conseillère principale

Goudreault, Dr. L.
Direction générale des services et de la promotion de la santé

Kouri, E.
Direction générale des programmes du service social

Lay, M.
Condition physique et Sport amateur

McConnell, M.
Direction générale de la protection de la santé

Miville, C.
Secrétariat du Troisième âge

O'Connell, J.
Direction générale des programmes de la sécurité du revenu

Paltiel, F.L.
Conseillère principale, Situation de la femme
Présidente

Pichette, M.
Direction générale de la politique, de la planification et de l'information

Stark, G.
Direction générale des communications

Secretariat

Deek, H
Recording Secretary

Mattern, C.

Miron, C. (Editor)

Pearl, B.

Shanahan, I.M.

Secrétariat

Deek, H.
Secrétaire du Comité

Mattern, C.

Miron, C. (Rédactrice)

Pearl, B.

Shanahan, I.M.